

Name
in
Full

Margaret Phurn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

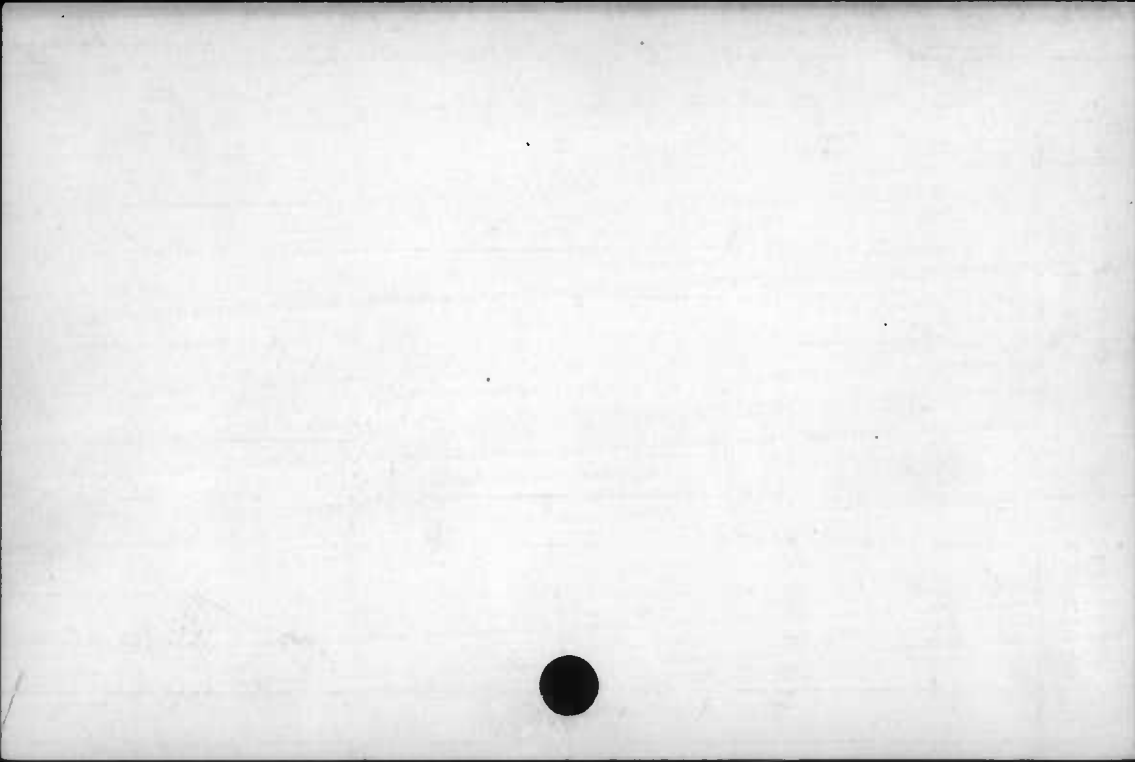
Died at <i>St. Agnes' Hospital</i>		Town <i>Balta</i>		County <i>Balta</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>2</i>	Age <i>49</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balta</i>				
Occupation <i>Dress maker</i>			Where Residing if not at place of death <i>1307 - Ashland Ave</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Dennis Phurn</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Hannah</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information				How related to deceased <i>No Relation</i>			

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer - c Carcinoma</i>	How long <i>2 yrs.</i>
Immediate <i>Op. gastrectomy partial (acute dilatation stomach)</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	Address <i>Free of Crouch St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name in Full		Bernard C Arnold				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt. Airy		County Balto		MARYLAND	
	Date of death	1909	Month Nov	Day 12	Age —	Years —	Months 4
							Days 15
	Sex	male		Color or Race	white		Birth-place
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	—		Name of Wife or Husband —			
FATHER'S NAME	David Arnold				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
	Mrs. J. Edler.				Uncle		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Malnutrition				How long	1 mo
	Immediate	Convulsions				How long	6 hrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?				Balto to Md		

William J. Fisk

London Park Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

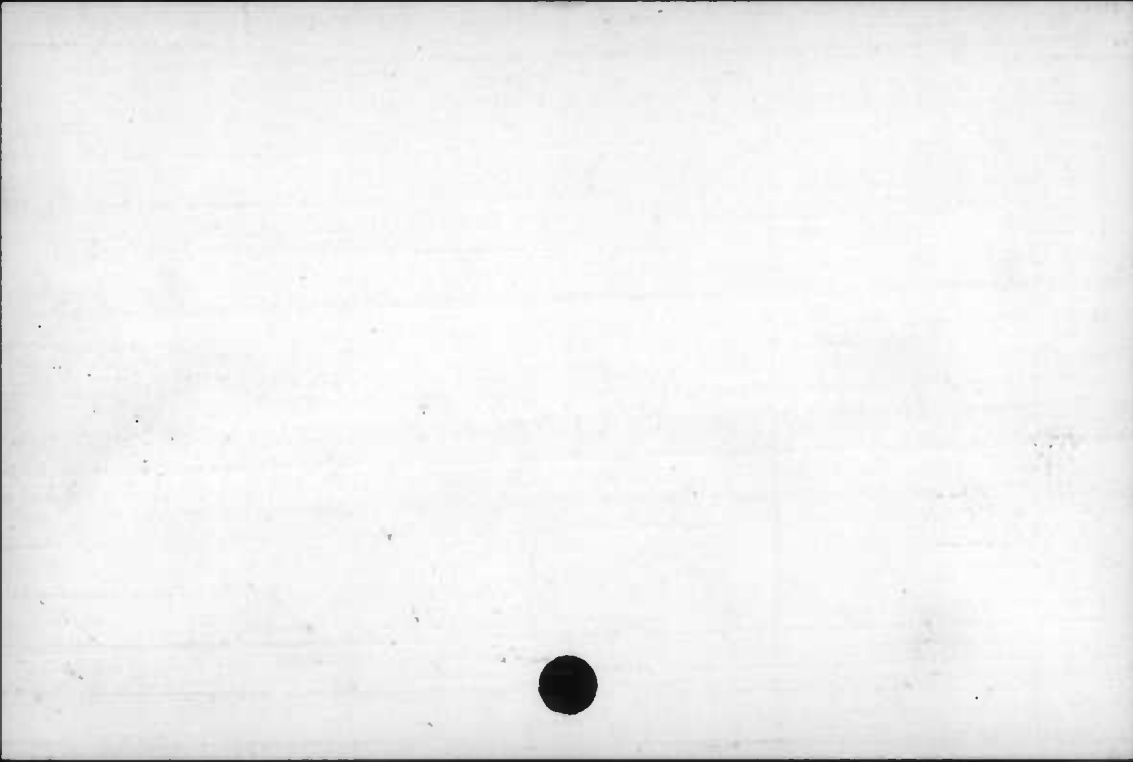
Name <i>Claire L. Bailey</i>		Town <i>St. Agnes' Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 Nov. 16</i>		<i>1</i>		<i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Hamelton Pa.</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lloyd L. Bailey</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Carrie C. Lefler</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Lloyd L. Bailey</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Malformation Penis, Stasis Sympatheticus, Pneumonia</i>		How long <i>1 Yr.</i>	
Immediate <i>Stasis Sympatheticus & Broncho pneumonia</i>		How long <i>14 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Fred M. Crank</i>	
		Address <i>St. Agnes' Hospital</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Barber</i>		Town <i>Shawan</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 11 16</i>		<i>1</i>		<i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		Days <i>None</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Shawan Ind</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Chas. Barber</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Annie Reynolds</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Chas Barber</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Hereditary Syphilis</i>	How long	<i>1 yr.</i>
Immediate	<i>Broncho-pneumonia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter C. Evers</i>	
<i>Yes</i>		Address <i>Cockeysville Ind.</i>	
Accident or Suicide? <i>No.</i>			

To be buried at Texas,
(St Joseph Cemetery) Md. on
Nov 18/19 - by

H. C. Brooks -

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Annie Margaret Baumgartner		CERTIFICATE OF DEATH	
Died at Lauraville <small>Town</small>		Balto <small>County</small>	
Date of death 1904		MARYLAND Months 11 Days 7	
Sex Female		Age 1 Color or Race White	
Occupation —		Birth-place Balto Where Residing if not at place of death Lauraville	
Married, Single or Widowed Single Name of Wife or Husband —		Father's Name Conrad Baumgartner Father's Birthplace Germany	
Mother's Maiden Name Mary A Myers Mother's Birthplace Balto		Name of person giving information Conrad Baumgartner How related to deceased Father	
CAUSES OF DEATH			
Primary Pneumonia		How long Three weeks How long Days	
Immediate Exhaustion			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. Gallmuth Darling Address Lauraville	
Accident or Suicide?			

Trinity Cemetery

Nov 10/909

Wm Crook

Wm E. Martha

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

George M Becker
Highlandtown

County

Baltimore

Date

of death

1909 Nov

Month

Day

15

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Highlandtown

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm A Becker

Father's
Birthplace

Md

Mother's
Maiden Name

Anna M. Frei

Mother's
Birthplace

"

Name of person giving
Information

Wm A Becker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Lobular Pneumonia

How long

12 hours

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. L. Quarman,
34 South
Highlandtown, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Undertaken. —

H. E. Hughes. —

Oak Farm Cemetery

Nov. 17-1909. —

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Catherine F Burkhead

Died at **Mt Hope Retriah** **Baltimore** **MARYLAND**

Date of death **1909 Nov 9th** Age **67 yrs** **not known** **not known**

Sex **Female** Color or Race **White** Birth place **Baltimore**

Occupation **none** Where Residing if not at place of death **Baltimore**

Married, Single or Widowed **Widow** Name of Wife or Husband **not known**

Father's Name **not known** Father's Birthplace **not known**

Mother's Maiden Name **" "** Mother's Birthplace **" "**

Name of person giving Information **Reeds Mt Hope Retriah** How related to deceased **not at all**

CAUSES OF DEATH

Primary **Melancholia** How long **abt 2 mos**

Immediate **Ex-Sen. Dioxamin** How long **abt 2 mos**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **Frank J. Flannery**

Address **Mt Hope Retriah**

Accident or Suicide **Mt Hope Md.**



Name
in
Full

Isaac Blackwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossville		County Baldwin		MARYLAND	
Date of death	1909	Month Nov	Day 19	Age Years	0	Months	10
Sex	Male		Color or Race	Colored		Birth- place	md
Occupation	Chad			Where Residing if not at place of death			
Married, Single or Widowed			Name or Wife or Husband				
Father's Name			Walter Blackwell			Father's Birthplace	
Mother's Maiden Name			Laura Buckley			Mother's Birthplace	
Name of person giving In formation			Walter Blackwell			How related to deceased	
						Factor	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Murder	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John H. Hamilton md	
		Address	
		Middle Road md	
Accident or Suicide?			
md			



Name
in
Full

Henry Boehm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Endowment Hospital* ^{County} *Baltimore*

MARYLAND

Date of death 1909 ^{Month} *Nov;* ^{Day} *1st* Age *22* ^{Months} *7* ^{Days} *3*Sex *male* Color or Race *White* Birth-place *Balto. Md.*Occupation *Factory hand* Where Residing if not at place of death *527 Lorcwood ave. Balto. Md.*~~Married~~ Single ☒ ~~Widowed~~ Name of Wife or Husband _____Father's Name *Paul Boehm* Pether's Birthplace *Germany*Mother's Maiden Name *Gertrude Lorain* Mother's Birthplace *"*Name of person giving Information *Sister - Miss Gertrude Boehm* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tuberculosis - same* How long *2*
*about 4 years*Immediate *Exhaustion* How long *2 days.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Alvin W. Foster M.D.*Address *Endowment, Ind.*

Accident or Suicide

PHYSICIAN
OR CORONER

H. Sander & Son.

Trinity Cemetery

Nov. 4th 19

Name
in
Full

Howard Brooks Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Int Washington* Town *Balt.* County **MARYLAND**

Date of death 1909 Month *11* Day *3* Age *1* Years Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *June* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Howard Brooks* Father's Birthplace *Ind*

Mother's Maiden Name *Ellen Armand* Mother's Birthplace *Ind*

Name of person giving Information *Howard Brooks* How related to deceased *Father*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Infantile Paralysis* How long *14 mos*

Immediate *Tubercular Meningitis - Convulsion* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. Butler M.D.*

Address *Int Washington*

Accident or Suicide

MARTIN LAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

*St. Mary's
Gorane*

Name
in
Full

Lewis Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> <small>Town</small>		<u>Balls</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Nov</u>	Day <u>4</u>	Age <u>70</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Balls Co.</u>		
Occupation <u>Quarryman stone</u>			Where Residing if not at place of death <u>—</u>		
Married Single <u>Widowed</u>		Name of Wife or husband <u>Unknown</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Amanda Bailey</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

79

V

PHYSICIAN
OR CORONER

Primary	<u>valvular disease of heart. Dropsy</u>	How long	<u>5 months</u>
Immediate	<u>Syncopa</u>	How long	<u>2 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr B. B. Burson</u>	
		Address <u>Backsville</u> <u>md</u>	
Accident or Suicide?			

Interment Exposed. The
Country

John C. Brooks

Name
in
Full

Julian Butschky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spoon point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov.</i>		Day <i>7</i>		Age <i>35-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months <i>Nov.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days <i>28</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John H Butschky</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>England London</i>	
Father's Name <i>Frank Abbe</i>		Mother's Maiden Name <i>Lizzie Doudlongn</i>		How related to deceased <i>Husband</i>			
Name of person giving Information <i>John H Butschky</i>							

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>6 Months</i>
Immediate	<i>cancer of Stomach</i>	How long	<i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Eldred M.D.</i>	
		Address <i>Spinnis Point Md</i>	
Accident or Suicide			

Robt. T. Turner.

Oak Lawn Cemetery.

Nov. 10 - 1909.

Name
in
Full

Hattie J. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colgate Creek, 12th Dist.</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1909	Month	Nov.	Day	22	Age	10
Sex <u>female</u>		Color or Race <u>Afro American</u>		Birth-place <u>Washington DC.</u>		Months	1
Occupation <u>none</u>		Where Residing if not at place of death					
Married , Single		Name of Wife or Husband		<u>none</u>			
Father's Name <u>Fredrick Campbell</u>		Father's Birthplace <u>Washington DC.</u>					
Mother's Maiden Name <u>Mary Kenny</u>		Mother's Birthplace <u>Md.</u>					
Name of person giving information <u>Fred. Campbell</u>		How related to deceased <u>father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>5 weeks</u>
Immediate	<u>Toxemia</u>	How long	<u>about 1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Wright</u>	
yes		Address <u>Canton 80 Danville St. Baltimore</u>	
Accident or Suicide?			

Felix B. Pyle. —

Garrel Cemetery —

Nov. 24 - 1909. —

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Augustus D. Clemens

Died at *Brown* Town*Balto.* County

Date

of death 190

Mar Month*19th* DayAge *64* Years

Months

9

Days

24

Sex

*Male*Color or
Race*White*Birth-
place*Balto. County*Married, Single
or Widowed*Married*

Occupation

*Real Estate Dealer*Name of Wife or
Husband*Mary Bradley Clemens*Father's
Name*Augustus D. Clemens*Father's
Birthplace*Baltimore City*Mother's
Maiden Name*Henrietta Bryden*Mother's
Birthplace*Balto. Co.*Name of person giving
In formation*Augustus Clemens Jr.*How related
to deceased*Son*

CAUSES OF DEATH

41

Primary

Sarcoma of Intestine

How long

4 mths

Immediate

Married pressing

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Edw. J. Haenning*

Address

St. Asaph Baltimore

Accident or Suicide?

St Johns Cemetery
Waverly

Henry W. Mears & Son

Name
in
Full

Ellen A. Cockey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Souans Town Baltimore County MARYLAND

Date of death 1909 Nov Month 8 Day 81 Age 81 Years — Months — Days

Sex Female Color or Race white Birth-place Md

Occupation None Where Residing if not at place of death Souans

Married, Single or Widowed Married Name of Wife or Husband None

Father's Name Edward Cockey Father's Birthplace Md

Mother's Maiden Name Uriath C. Owings Mother's Birthplace Md

Name of person giving Information D. S. Carlisle How related to deceased Brother

CAUSES OF DEATH

90 ✓

PHYSICIAN
OR CORONER

Primary Bronchitis How long Ten days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. B. Jerns MD

Address 1415 Madison av

Accident or Suicide

G. W. Little -
Laurel Point -

Name
in
Full

George Even Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cummings Mills Baltimore County MARYLAND
Date of death 1909 Nov. 29 Age 10 Months 10 Days
Sex Male Color or Race White Birth-place Cummings Mills
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Davis Cole
Mother's Maiden Name Bessie M. Chenoweth
Name of person giving Information Davis Cole

Father's Birthplace Butler
Mother's Birthplace Chestnut Ridge
How related to deceased Father

CAUSES OF DEATH

Primary Paralysis
Immediate Paralysis

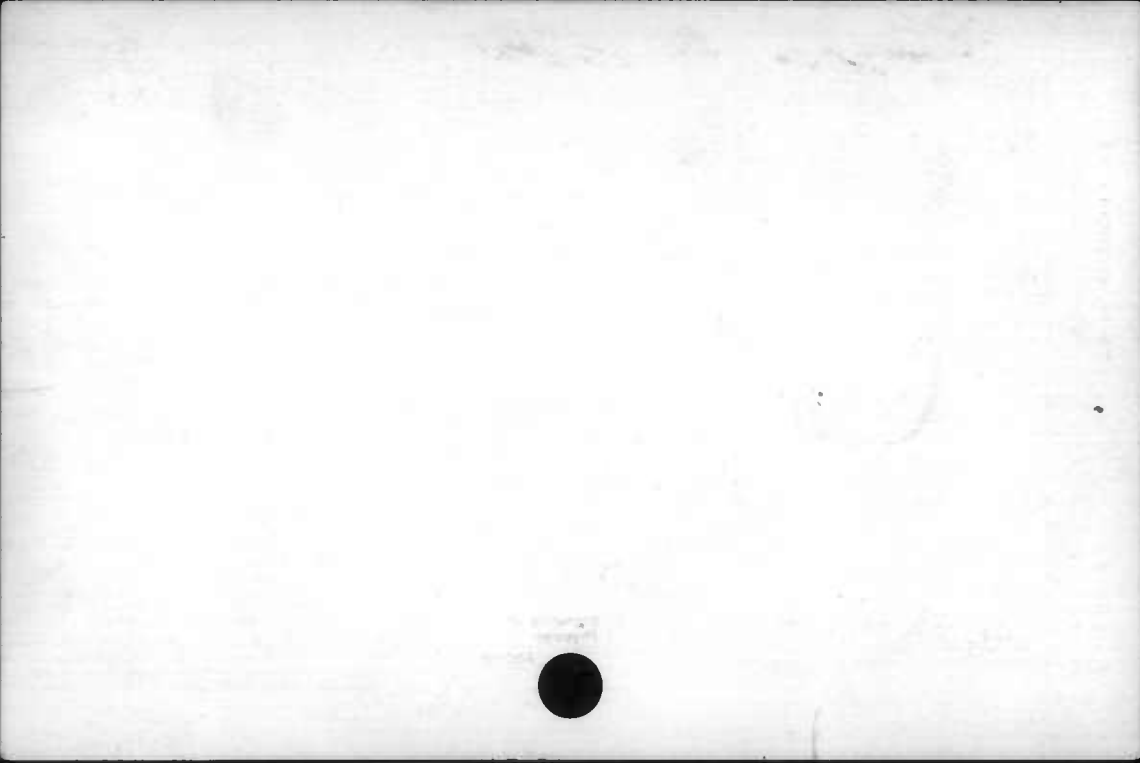
How long about
six months
How long suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Campbell
Address Cummings Mills, Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Daniel Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catausville		County Balto.		MARYLAND	
Date of death		Month Nov	Day 17	Age	Years 31	Months 2	Days 2
Sex		male		Color or Race	Colored		
Occupation		Common laborer		Where Residing if not at place of death	Catausville Ind.		
Married, Single or Widowed		Married		Name of Wife or husband	Flannce Cook		
Father's Name		Aaron Cook		Father's Birthplace	Howard Co Ind		
Mother's Maiden Name		Elora Howard		Mother's Birthplace	Howard Co Ind		
Name of person giving Information		Alexander J. Smith		How related to deceased	None		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Consumption		How long	about 3 years
Immediate	General Arthritis		How long	Don't know
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	D. W. Stultz M.D.
			Address	Catausville Ind
Accident or Suicide				

R. A. Elliott
Western Star.

Name
in
Full

CERTIFICATE OF DEATH

Maggie bustis

Town

County

MARYLAND

Died at Hillsville

Balto

Date

of death

1909

Month

11

Day

23

Age

35

Years

Months

5

Days

17

Sex

female

Color or
Race

colored

Birth-
place

md

Occupation

none

Where Residing if not
at place of death

x

Married, Single
~~or Widowed~~Name of Wife or
Husband

Henry bustis

Father's
Name

Andrew Jackson

Father's
Birthplace

md

Mother's
Maiden Name

Elizabeth Simms

Mother's
Birthplace

md

Name of person giving
Information

Blanch Jackson

How related
to deceased

sister

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

6 mo

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

26 Hall
Int Mission

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

George H. Hooper
W Auburn Cemetery.

Name
in
Full

Thomas P. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 4006 Gough st. ext. Baltimore Co. MARYLAND

Date of death 1909 Nov. 22 Age 86 Months — Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death at place of death

Married, Single or Widowed Single Name of Wife or Husband Mary A. Davis

Father's Name Samuel Davis Father's Birthplace Ind.

Mother's Maiden Name Unknown Mother's Birthplace Ind.

Name of person giving information Mrs. Mary A. Davis How related to deceased wife

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. B. Schick & Son
Mr Bammel

Nov. 24th 1909

Name
in
Full

Elizabeth Deegan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		Town		<i>Balto.</i>		County	
Date of death <i>1909 Nov. 19</i>		Month		Day		Years	
Age <i>64</i>		Months		Days		MARYLAND	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>		Where Reading if not at place of death <i>1120 S. Street St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas T. Deegan</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>German</i>					
Mother's Maiden Name <i>..</i>		Mother's Birthplace <i>..</i>					
Name of person giving Information <i>Thomas T. Deegan</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Exhaustion & Heart failure</i>	How long	<i>4 hrs.</i>
Immediate	<i>Pneumonia & Complications</i>	How long	<i>4-5 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Herbert Schoenbach</i>	
		Address <i>1013 Canton St.</i>	
Accident or Suicide <i>-</i>			

Silly Ed Zeiler.

403 S. Wolfe St.

Sacred Heart Cemetery.

November 24th 1909.
H

Name in Full		Katherine C. Delefelder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westport.		County Baltimore		MARYLAND	
	Date of death	1909	Month 11	Day 26	Age 16	Months 4	Days 29
	Sex	female		Color or Race	white		Birth-place
	Occupation	none		Where Residing if not at place of death		Westport.	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Michael Delefelder.				Father's Birthplace	Baltimore
PHYSICIAN OR CORONER	Mother's Maiden Name	Anna Amelia Richtel				Mother's Birthplace	Baltimore
	Name of person giving information	Michael Delefelder.				How related to deceased	father.
	CAUSES OF DEATH						79
PHYSICIAN OR CORONER	Primary	Acute Indurative				How long	one year.
	Immediate	Embolism of lungs				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. H. Williams
					Address		111 W. Main St.
	Accident or Suicide?						md.

Jos. Seyfer.

Mt Carmel Cemetery

Name
in
Full

Albert L Dornke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u>		Town		County		BALTS.		MARYLAND				
Date of death		1909	Month	Nov.	Day	16	Age	60	Months	Unknown	Days	Unknown
Sex		Male		Color or Race		White		Birth-place		Germany		
Occupation		Laborer		Where Residing if not at place of death		Balts. Co. Almshouse						
Married, Single or Widowed		Single		Name of Wife or Husband		None						
Father's Name		Unknown		Father's Birthplace		Unknown						
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown						
Name of person giving information		House Register		How related to deceased		None						

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	5 years
Immediate	Convulsions	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Alvin C. Enos M.D.	
Address		Cockeysville Md.	
Accident or Suicide?		No	

John Burns Sons
Touson
Internment at
Johns Hopkins
Hospital

Name
in
Full

George Milton Drebing.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hamilton ^{Town}Baltimore ^{County}Date of death 1909 Nov.

Month

Day

Age 66

Years

Months

Days

Sex MaleColor or
RaceWhiteBirth-
placeBaltimore CityOccupation CarpenterWhere Residing if not
at place of deathat Hamilton P.O.Married, Single
or WidowedName of Wife or
HusbandSarah Drebing.Father's Name Augustus DrebingFather's Birthplace GermanyMother's Maiden Name Harriet KnorrMother's Birthplace Baltimore Md.Name of person giving
Information Charles W. Hart.How related
to deceased Son-in-Law.

CAUSES OF DEATH

79 ✓

Primary Paralysis of HeartHow long a few minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?jsSignature of
PhysicianE. B. E. Vogler, M.D.

Address

Hamilton Ave. & Harbor Road
Hamilton. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Geo B. Cook

1003 W. Balto st

Baltimore Canetayn

Name
in
Full

CERTIFICATE OF DEATH

Mrs Mary J. Duvall

Town

County

Died at

Catoxville

Baltimore

MARYLAND

Date

of death

1909 Nov.

Month

Day

7th

Age

Years

94

Months

6

Days

Sex

Female

Color or
Race

white

Birth-
place

Balto

Occupation

Where Residing
at place of death

Richard Gundry Home

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Samuel E. Duvall

Father's
Name

Wm. P. Mills

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Marguerite Royston

Mother's
Birthplace

Balto Md

Name of person giving
Information

Mary Duvall

How related
to deceased

Daughter

CAUSES OF DEATH

154

How long

Primary

Senility

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

So far as I know.

Richard Gundry MD
Catoxville, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John B. Elliott* County *Bald* State *MARYLAND*

Died at *Highlandtown*

Date of death 190*9* Month *Nov* Day *20* Age *65* Years Months Days

Sex *Male* Color or Race *White* Birthplace

Occupation *Ironman* Where Residing if not at place of death *3410 Bald St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Elliott*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *John Elliott* How related to deceased *Son*

CAUSES OF DEATH

(178)

PHYSICIAN
OR CORONER

Primary Cause of Death *Cardiac Syncope* How long

Immediate Cause of Death *Coroner* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. S. Sudler M.D.*

Address *33 53 Bald St.*

Accident or Suicide

Oak Lawn cum

Memorij of

11/23/09

Name
in
Full

Frank A. Emge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Parkville ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death	1909	Month Nov	Day 4	Age 75	Months 15
Sex	Male		Color or Race White	Birth-place Germany	
Occupation	Trucker		Where Residing if not at place of death Baltimore Co. Md		
Married, Single or Widowed	Widower		Name of Wife or Husband Margaret Emge nee Robe		
Father's Name	Philip Emge		Father's Birthplace Germany		
Mother's Maiden Name	unknown		Mother's Birthplace "		
Name of person giving information	George Emge		How related to deceased Son		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intussusception of the Bowels		How long	about 24 hours
Immediate	Heart failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician S. B. E. Vogler	
Address		Hamilton Ave & Bayard Road		
Accident or Suicide?		no	Hamilton Baltimore Co. Md	

J. Gassman & Sons

Immaculate

Conc

Mount Marie

Cemetery

Name
in
Full

Henrietta May Gilliam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Dalton</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>11</i>	Day <i>3</i>	Age <i>24</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>House-wife</i>			Where Residing if not at place of death <i>352) Clairmont Ave</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Gilliam</i>				
Father's Name <i>John B. Kemmerer</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Mary Kemmerer</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving Information <i>Frank Gilliam</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Septicæmia (puerperal, from retained placenta)</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. L. Thomas M.D.</i>
	Address <i>30 Gough</i>
Accident or Suicide <i>no</i>	<i>Highlandtown Md</i>

Mt Carmel

Nov 7/09

H. Sander & Sons

Name
in
Full

Hornby P. M. Forchman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoffmanville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u>	Month <u>11</u>	Day <u>27</u>	Age <u>65</u> ^{Years}	Months <u>7</u>	Days <u>23</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Co. Md.</u>		
Married, <u>Single</u> or Widowed			Occupation <u>Stone Mason</u>		
Name of Wife or Husband <u>Lydia Amanda Forchman</u>					
Father's Name <u>Samuel Forchman</u>			Father's Birthplace <u>York Co. Pa.</u>		
Mother's Maiden Name <u>Christina Shearer</u>			Mother's Birthplace <u>Balti. Co. Md.</u>		
Name of person giving Information <u>Wm. H. Forchman</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Chronic Asthma</u>		How long <u>Eight years</u>
Immediate <u>Paralysis</u>		How long <u>ten hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. R. Albright M.D.</u>
		Address <u>Blenn Rock Pa.</u>
Accident or Suicide? <u>no</u>		<u>R.T.D. #1.</u>

This Certificate having been
overlooked, by some means,
was not returned at the time
it should have been.

J. B. Hodges
Health Officer 6th District

Name
in
Full

Martha Gamble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Texas</u> Town		<u>Balto.</u> County			
Date of death	<u>1909</u>	Month <u>11</u>	Day <u>9</u>	Years <u>70</u>	Months <u>unknown</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>md.</u>		
Occupation <u>housewife</u>	Where Residing if not at place of death <u>Balto Co. Almshouse</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>House Register</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

36

✓

PHYSICIAN
OR CORONER

Primary	<u>Tertiary Syphilis</u>	How long <u>6 months</u>
Immediate	<u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician <u>Wilmer C. Ensworth, D.</u>
		Address <u>Cockeysville</u>
		<u>md.</u>
Accident or Suicide?	<u>No</u>	

John Burns & Sons
Towson Md.

Indemnity at

John Hopkins
Hospital

Name
in
Full

Nicholas Charles Gibbs X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

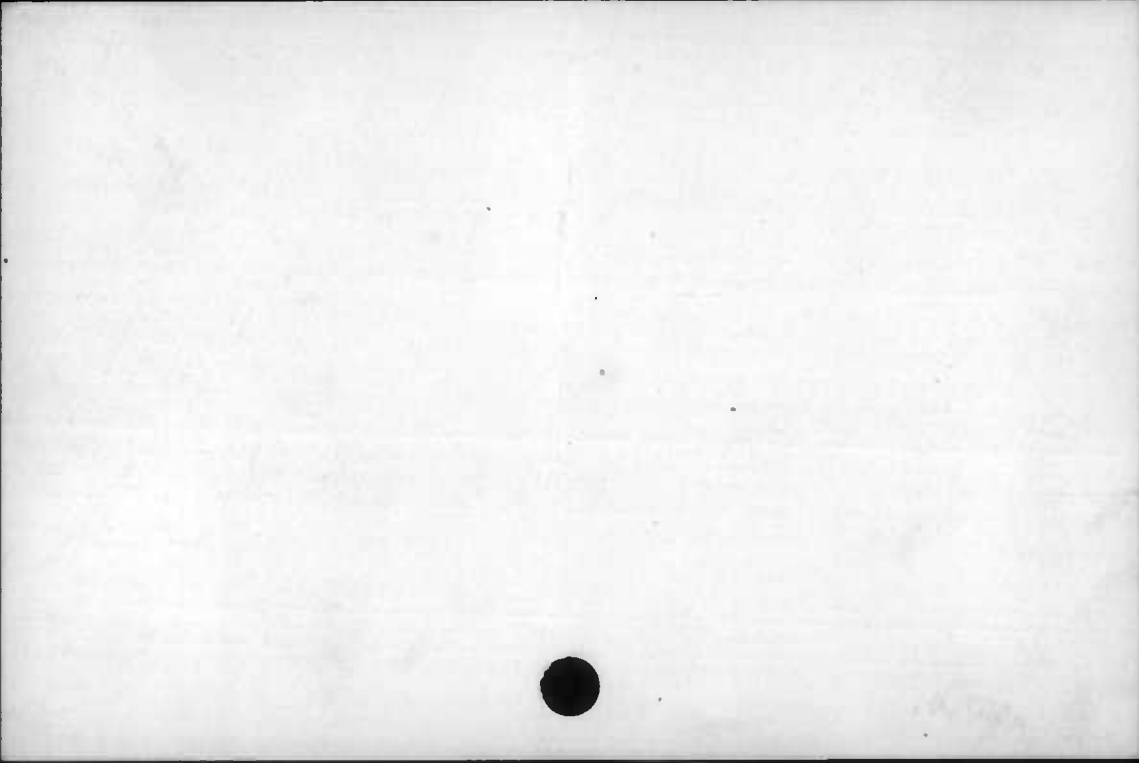
Died at		Town Glucose		County Baltimore		MARYLAND	
Date of death		1909	Month 11	Day 5	Age 10	Months —	Days —
Sex male		Color or Race Black		Birth-place Glucose			
Occupation school boy				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Nicholas Gibbs				Father's Birthplace Balto. Co			
Mother's Maiden Name Virginia Robinson				Mother's Birthplace Balto. Co			
Name of person giving information Nicholas Gibbs				How related to deceased Father			

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	Glandular Tuberculosis	How long	3 months
Immediate	Peritonitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. H. Shermantine M.D.	
Address		Glucose Md - 8	
Accident or Suicide?			



Name
in
Full

Florence Garrrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>17</i>	Months <i>4</i>	Days
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Balto</i>		
Occupation <i>Machine Operator (Shirt factory)</i>	Where Residing if not at place of death <i>Blode Hagg Endowment</i>				
Married, Single or Widowed <i>S</i>	Name of Wife or Husband				
Father's Name <i>Arthur Garrrell</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulm T.B.</i>	How long <i>2 yrs</i>
Immediate <i>Hemorrhage</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alexis M. Foster M.D.</i>
	Address <i>Towson, Md.</i>
Accident or Suicide?	

James Dignowson
759 W Hamburg st
New Theedral Cemetery

CERTIFICATE OF DEATH

Accident or Suicide?

Mount Ararat

Name
in
Full

Tacy A Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *St Helena* ^{County} *Balto* **MARYLAND**

Date of death 1909 ^{Month} *Nov* ^{Day} *26* Age ^{Years} *64* ^{Months} *7* ^{Days} *16*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *St Helena*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm T. Hackett*

Father's Name *James Mc McDonald* Father's Birthplace *Maryland*

Mother's Maiden Name *M. Burton* Mother's Birthplace *id*

Name of person giving Information *R. Jewell* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *12 months*

Immediate *Necrosis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. C. Glavin, M.D.*

Address *Shannon Park, Md.*

Accident or Suicide *no*

Armstrong Denny Co
715 Fifth St.
Mt Carmel Cemetery

Sunday Nov - 28-89

Name
in
Full

Annie E. Hathaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Umans		County Balto		MARYLAND	
Date of death	1909	Month Nov	Day 12	Age 76	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Balto Md
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Albion L. Hathaway			
Father's Name	Thomas Casley				Father's Birthplace	Dash. D. C.	
Mother's Maiden Name	Elizabeth Sterens				Mother's Birthplace	Balto Md	
Name of person giving information	Amanda S. Smith				How related to deceased	Sister	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	2 weeks.
Immediate	Uremia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. M. Kieffer	
Address		Monell Park Balto Co. Md	
Accident or Suicide?			

Putnam
County
Nov 14 1909
Robt Turner
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Sarah S. Hayes

Town

Govanus

County

Baltimore

MARYLAND

Died at

Date

1909 Nov.

Month

Day

8

Years

Age

30

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

none

Where Residing if not
at place of death

Govanus

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John S. Hayes

Father's
Birthplace

Virginia

Mother's
Maiden Name

Susan McKim Gordon

Mother's
Birthplace

Baltimore

Name of person giving
Information

Susan S. Hayes

How related
to deceased

Sister

CAUSES OF DEATH

Primary

meningitis cerebro

How long

one week

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Walter S. Carroll M.D.

Address

2425 1/2 St.

Accident or Suicide?

none

Henry W. Felt & Sons Co

Greenmount Cem

Name
in
Full

William Edward Heiser
Town Brooklandville County Balto.

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1909 Nov. 17 Age 17
Sex Male Color or Race white Birth-place Hoboken 17 Brooklandville
Occupation none Where Residing if not at place of death Brooklandville

Married, Single or Widowed Single Name of Wife or Husband none
Father's Name Harry J. Heiser
Mother's Maiden Name Sarah Woods
Name of person giving Information Mrs. Laura Heiser

Father's Birthplace Penn.
Mother's Birthplace Balto. City
How related to deceased Mother

CAUSES OF DEATH

Primary 9 months
Immediate 1 week

How long 179
How long 10 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician L. B. ...
Address ...
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns Sons
Troway
Indemnity at
Salter's Census.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Hisley
Town Port Howard Baltimore County

MARYLAND

Died at
Date of death 1909 Nov. 3 Age 34 Months 2 Days 17

Sex Female Color or Race White Birth-place Maryland
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Joseph E. Hisley
Father's Name John Rolfe Father's Birthplace Germany

Mother's Maiden Name Mary C. Gerner Mother's Birthplace Maryland
Name of person giving Information Joseph E. Hisley How related to deceased Husband

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 8 months
Immediate Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

H. K. Peltikian M.D.
Sparrow's pr
M.D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Walter Holloway


CERTIFICATE OF DEATH

Died at ^{Town} Rossville ^{County} Baltimore **MARYLAND**
 Date of death 1909 November 1st Age — Months 9 Days 1
 Sex Male Color or Race Colored Birth-place Rossville
 Occupation none Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name William Walter Holloway Father's Birthplace Chase Md
 Mother's Maiden Name Mary Chew Mother's Birthplace Balto City Md
 Name of person giving Information William Walter Holloway How related to deceased Father

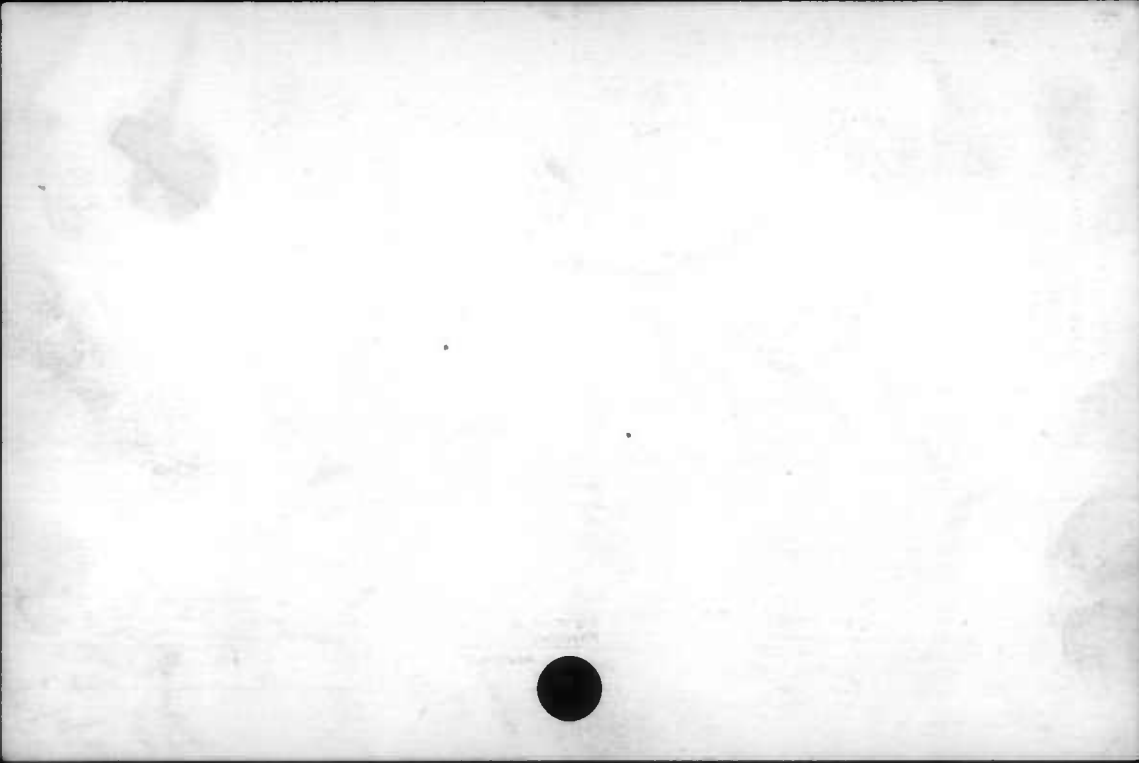
CAUSES OF DEATH

Primary Whooping Cough How long 3 weeks
 Immediate

Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician  Address Coroner - William H Haut
 Rossville P O
 Balto Co, Md
 Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

Physician
OR CORONER



Name
in
Full

Ellen Sparks Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Monkton^{County} Balto

Date of death 1909 Nov

Day 8

Age Years 63

Months —

Days —

Sex Female

Color or
Race

White

Birth-
place

Balto Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Richard Howard

Father's
Name

John Perdue

Father's
Birthplace

Balto Co

Mother's
Maiden Name

Sallie Hutchins

Mother's
Birthplace

Balto Co

Name of person giving
In formation

Emily Sullivan

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Typhoid Fever

How long

1 week

Immediate:

Intestinal hemorrhage

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Payne M.D.

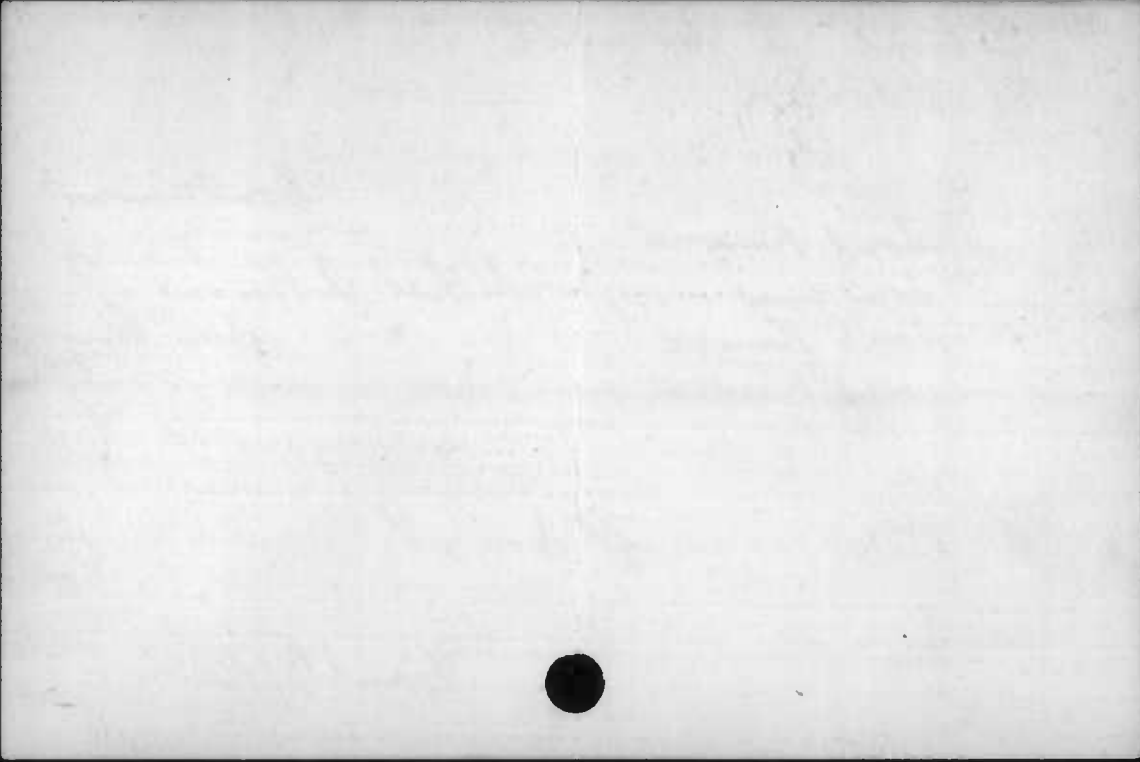
Address

Corbett Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Unknown man Suffered name Hotel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Albion ^{Town} Bald ^{County}Date of death 190 9 ^{Month} Nov ^{Day} 20 ^{Years} about 40 yrs ^{Months} ^{Days} Sex male Color or Race white Birth-place Don't knowOccupation Don't know Where Residing if not at place of death Don't knowMarried, Single or Widowed Don't know Name of Wife or Husband Don't knowFather's Name Don't know Father's Birthplace Don't knowMother's Maiden Name Don't know Mother's Birthplace Don't knowName of person giving information Carroll Infant How related to deceased 166

CAUSES OF DEATH

Primary Accident on Rail Road How long Instant

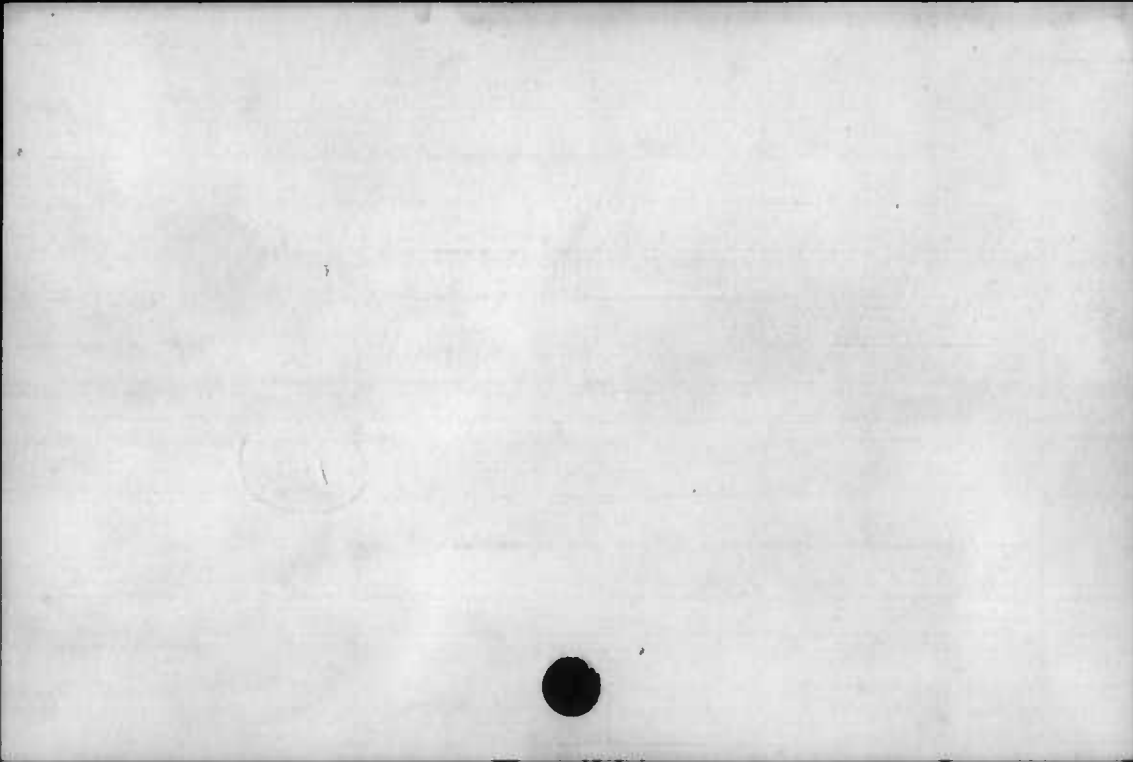
Immediate

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician

Address

John T. Green
CoronerAccident or Suicide? —



Name
in
Full

George E Krwell

CERTIFICATE OF DEATH

MARYLAND

Died at

Alberton

Town

County

Balto.

Date

of death

1909 Nov. 19

Month

Day

about 40 years

Age

25

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Don't Know

Occupation

don't know

Where Residing if not
at place of death

Married, Single
or Widowed

don't know

Name of Wife or
Husband

none that I know of.

Father's
Name

Don't Know

Father's
Birthplace

don't know

Mother's
Maiden Name

don't know

Mother's
Birthplace

don't know

Name of person giving
Information

How related
to deceased

none

CAUSES OF DEATH

166

Primary

Rail Road Accident.

How long

x

Immediate

How long

x

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

John T. Isaac

Address

Frankie Balto Co. Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

b5L

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St. Agnes ~~Hospital~~ ^{County} BaltoDate of death 1909 ^{Month} 11 ^{Day} 26 ^{Years} 9 ^{Months} 11 ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} PennOccupation None ^{Where Residing if not at place of death} 1201 Frederick's anMarried, Single or Widowed Single ^{Name of Wife or Husband}Father's Name S. L. Humbard ^{Father's Birthplace} PennMother's Maiden Name Anna L. Joseph ^{Mother's Birthplace} PennName of person giving information S. L. Humbard ^{How related to deceased} Father

CAUSES OF DEATH

166

✓

PHYSICIAN
OR CORONERPrimary ^{How long} 22 HoursImmediate Hemorrhage of Brain ^{How long} " "Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} August W. Miller (Coroner)^{Address} Mr Winans

Accident or Suicide? accident Balto. Md.



Name
in
Full

CERTIFICATE OF DEATH

Walter Jackson

MARYLAND

Died at *Colgate P.O.* Town *Balto* County

Date of death 190 *9* Month *Nov* Day *17* Age *22* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Balto*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William Jackson* Father's Birthplace *Va.*

Mother's Maiden Name *Quinn Collins* Mother's Birthplace *Balto*

Name of person giving Information *William Jackson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Convulsions* How long *71*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Coroner W. D. S. Jr.*

Address *3323 W. Balto St*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr. J. G. Jackson.
(Undertaker.)

Arbury Cemetery. Balto. Md. —

Name
in
Full

CERTIFICATE OF DEATH

Autumn Janovics
Died at *Brookside* *Balto*
Town County

MARYLAND

Date of death 1909 *Nov* *8* Age *3*
Month Day Years Months Days

Sex *Male* Color or Race *White* Birth-place *Balto*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Janovics* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Dadofski* Mother's Birthplace

Name of person giving information *John Janovics* How related to deceased *Father*

CAUSES OF DEATH

Primary *1. Chylous Peritonitis* How long *151* ✓
Convulsions How long *8 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. D. [Signature]*
Address *3333 E. Balto St*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

M. F. SADOWSKI

703 S. ANN ST.

BALTIMORE, MD.

St. Stanislaus Cemetery

NOV 9 - 1909

Name
in
Full

Mary Giuliano

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland Town</u>		County <u>Balto.</u>		MARYLAND	
Date of death	190 <u>7</u>	Month <u>Nov.</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>F.</u>		Color or Race <u>W.</u>		Birth-place <u>Balto Co.</u>	
Occupation <u>—</u>			Where Residing If not at place of death <u>3928 Claremont St.</u>		
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Raffaele Giuliano</u>		Father's Birthplace <u>Italy</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>Anthony Lombardi</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

Primary	<u>Acute Gastritis</u>	How long	<u>3 days</u>
Immediate	<u>—</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. J. Valentini M.D.</u>	
		Address <u>16 E Broadway Balto</u>	
Accident or Suicide <u>—</u>			

PHYSICIAN
OR CORONER

Wendell Lippel Son
330 S. Bond St.

Bury Nov. 17th/09

St. Vincent - Conn.

Name
in
Full

CERTIFICATE OF DEATH

Satie May Kenny
Town *Phoenix* County *Balto*

MARYLAND

Died at

Date

of death *1909*

Month

11

Day

29

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Phoenix

Occupation

Where Residing if not
at place of death

Married, Single
~~or Widowed~~

Name of Wife or
Husband

Father's
Name

John Walter Kenny

Father's
Birthplace

Texas

Mother's
Maiden Name

Florence Bassom

Mother's
Birthplace

Mount Carmel

Name of person giving
In formation

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

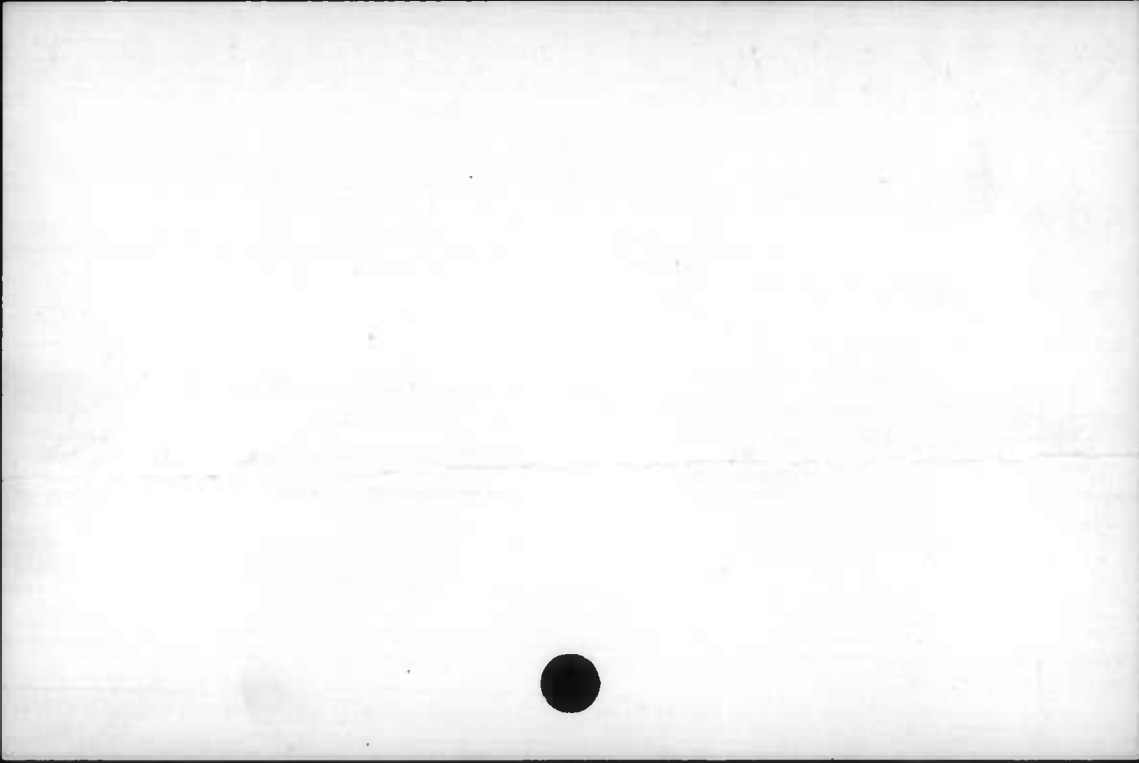
J. J. Payne M.D.

Phoenix

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Koppelman

Town

County

Died at

8 Harvest Road Rm Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Nov

20

Age 67

5

Sex

Female

Color or
Race

white

Birth-
place

Maryland

~~Married~~ Single
~~Widowed~~

Occupation

None

Name of Wife or
Husband

George Koppelman "Deceased"

Father's
Name

Charles Fritz

Father's
Birthplace

Germany

Mother's
Maiden Name

Catharine Warty

Mother's
Birthplace

Germany

Name of person giving
In formation

Arthur Koppelman

How related
to deceased

Son

CAUSES OF DEATH

Primary

Smile Pneumonia

How long

6 mo

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Brantley
2200 E. 1st St. Re

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr Mossenburg

Dear Sir: Please grant
Permit for burial in
Green Mount Cemetery
and oblige

Stewart & Mowen Co

Nov 22nd 1909

Name
in
Full

Charles Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death	1904	Month Nov.	Day 1st	Age	5	Years	Months 2
Sex	Male		Color or Race			Birth place	Maryland
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James H. Kramer					Father's Birthplace	Maryland
Mother's Maiden Name	Annie Roberts					Mother's Birthplace	Maryland
Name of person giving In formation	Annie Kramer					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. A. Glantz
		Address	3241 Eastern Ave
Accident or Suicide?			

Oak Lawn
Dec 2nd 1910
H. Sander Sams

Name
In
Full

Charles Robert White Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>Nov</u> ^{Month}	<u>1</u> ^{Day}	Age <u>5</u> ^{Years}	<u>2</u> ^{Months}	<u>21</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>James H. Kramer</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Annie Roberts</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>James H. Kramer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>8 Weeks</u>
Immediate <u>Paralysis</u>	How long <u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. A. Slautz</u>
	Address <u>3241 Eastern Ave.</u>
Accident or Suicide? <u>—</u>	

Jos B Cook
Mnt Carmel Ca

Name
in
Full

Amelia Krebs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Orangeville		County		Baltimore		MARYLAND				
Date of death		1909	Month	11	Day	29	Age	72	Months	10	Days	23
Sex		Female		Color or Race		White		Birth-place		Germany		
Occupation		none		Where Residing if not at place of death		5 Loney's Lane						
Married, Single or Widowed		Widow		Name of Wife or Husband		Conrad Krebs						
Father's Name		Unknown						Father's Birthplace		Germany		
Mother's Maiden Name		" "						Mother's Birthplace		" "		
Name of person giving Information		Annie Behn						How related to deceased		Daughter		

CAUSES OF DEATH

79

Primary	Val. dis. of heart		How long	3 years
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Geo. L. Mathis	
			Address	
			6 N. Broadway	
Accident or Suicide		No		

PHYSICIAN
OR CORONER

Mr. Carmel Leem

J. Henryson

12/1/09

Name
in
Full

William Frederick Knodell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Louis* Town *Balti* County *MARYLAND*
Date of death 1909 11 19 Age 45 Months 27 Days
Sex *Male* Color or Race *White* Birth-place *Baltimore*
Occupation *none* Where Residing if not at place of death

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
HubandFather's Name *Herman J. Knodell*Father's Birthplace *Germany*Mother's Maiden Name *Elizabeth C. Frank*Mother's Birthplace *Germany*Name of person giving Information *Harry Knodell*How related to deceased *Brother*

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONERPrimary *Tuberculosis of Lungs*How long *6 or more*Immediate *Exhaustion*How long *gradual*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

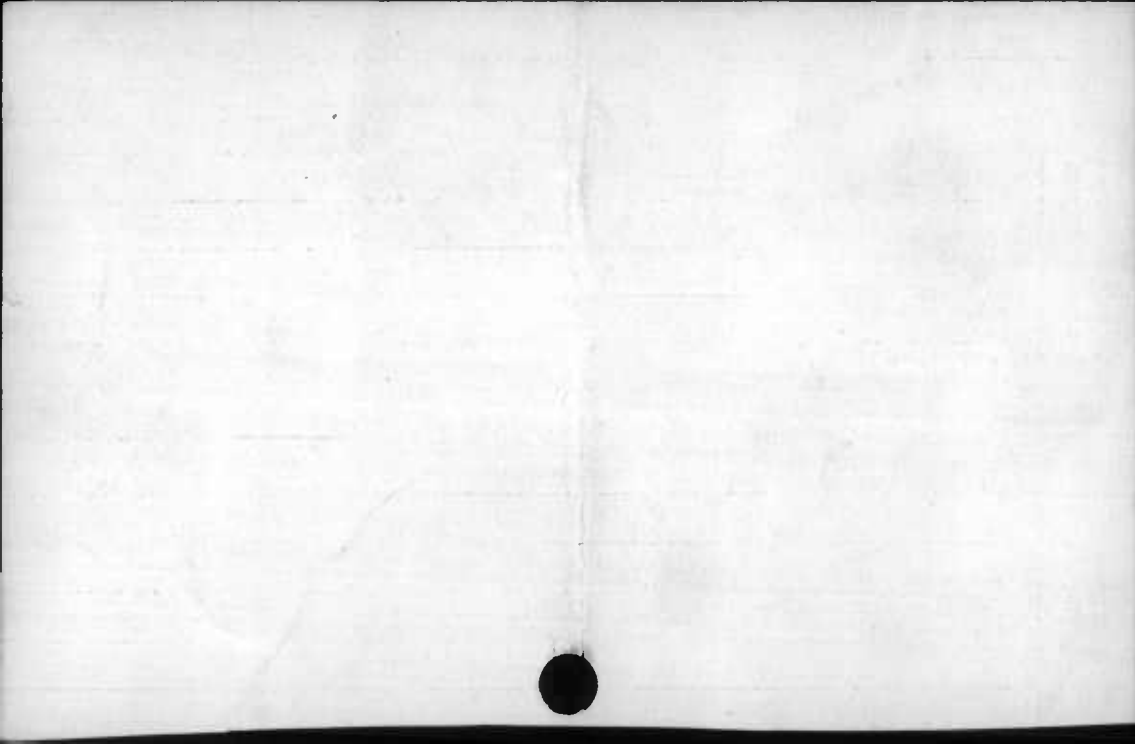
Z. S. Hall
1217 W. Minors

Accident or Suicide

William Cook.

Mt Olivet

Name in Full		Martin Luther Lawson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt Carmel	County Baltimore	MARYLAND			
		Date of death		1909	Month Nov	Day 15	Age 84	Months 8	Days 9
		Sex		male		Color or Race	white		
		Occupation		Laborer		Birth-place		York Co. Pa	
		Married, Single or Widowed		Married		Name of Wife or Husband		Mary E Lawson	
		Father's Name		Joseph Lawson		Father's Birthplace		Pa.	
		Mother's Maiden Name		Barbara Ruhl		Mother's Birthplace		Pa.	
Name of person giving information		Geo A Lawson		How related to deceased		Son			
		CAUSES OF DEATH				(79) ✓			
PHYSICIAN OR CORONER		Primary		Valvular Disease of Heart		How long 7-3 Years			
		Immediate		General Failure		How long 2-3 days.			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. R. Mitchell			
						Address Mounton Md.			
		Accident or Suicide?				5			



Name
in
Full

CERTIFICATE OF DEATH

Reese M. Leyshon

Town

County

MARYLAND

Died at Canton

Baltimore

Date

Month

Day

Years

Months

Days

of death 1909 Nov. 19

Age 46

4 9

Sex

Male

Color or Race

White

Birth-place

Wales

Occupation

Restaurateur

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary Leyshon

Father's Name

William Leyshon

Father's Birthplace

Wales

Mother's Maiden Name

Not Known

Mother's Birthplace

Not Known

Name of person giving Information

Mary Leyshon

How related to deceased

Wife

CAUSES OF DEATH

112

✓

Primary

Lesions of Liver

How long

Six months

Immediate

Acute Gastritis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

David W. Jones

Address

3116 O'Donnell St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mt Carmel

Nov. 21/09

H. Sander & Sons

Name
in
Full

Charles B. Livezey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

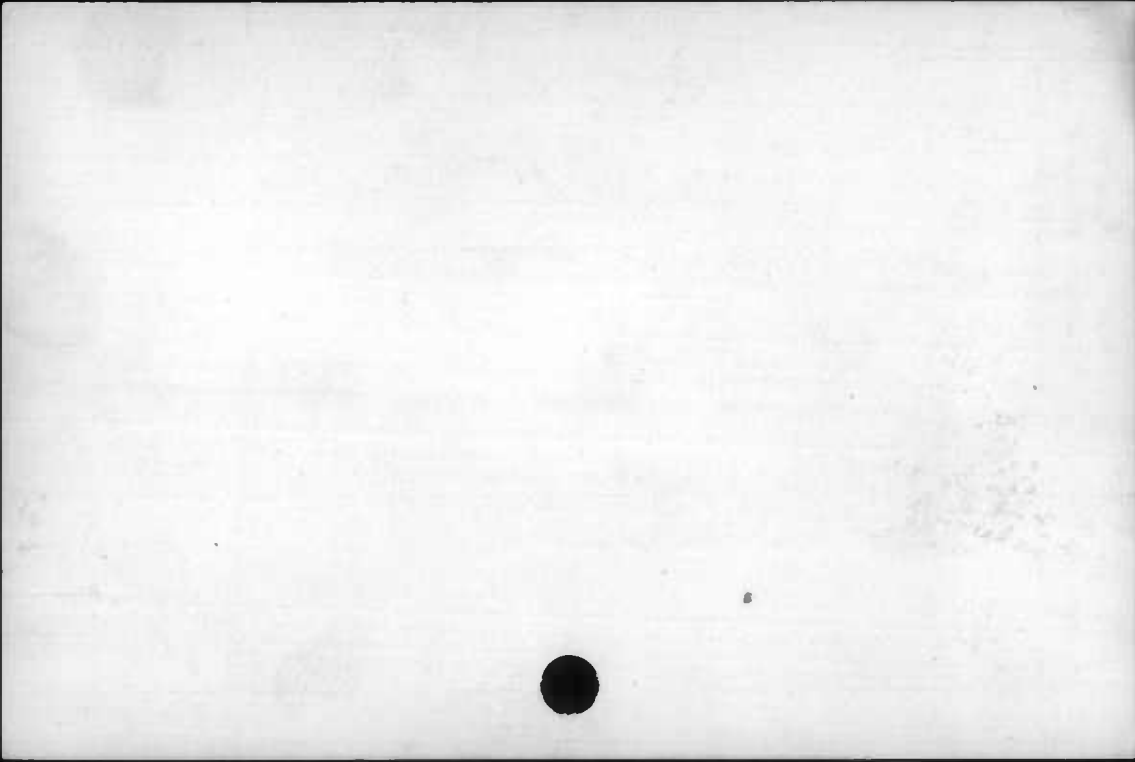
Died at <i>St. Agnes Hospital Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Nov</i>	Day	<i>21</i>	Years	<i>about 57</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Bucks Co Penna.</i>
Occupation	<i>Real Estate</i>			Where Residing if not at place of death <i>701 Edmonson ave Baltimore</i>			
Married, Single or Widowed	<i>Divorced</i>		Name of Wife or Husband <i>Unknown</i>				
Father's Name	<i>Samuel Livezey</i>					Father's Birthplace	<i>Bucks Co Penna</i>
Mother's Maiden Name	<i>Harriet Bright</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Robert Livezey</i>					How related to deceased	<i>Brother</i>

Probably due to a fall. CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Chronic Alcoholism</i>	How long	<i>5 yrs +</i>
	<i>fracture of femur. Pneumonia</i>	How long	<i>5 days.</i>
Immediate	<i>Pneumonia</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Allen Graham M.D.</i>
		Address	<i>St Agnes Hospital</i>
Accident or Suicide?	<i>No.</i>		



Name
in
Full

CERTIFICATE OF DEATH

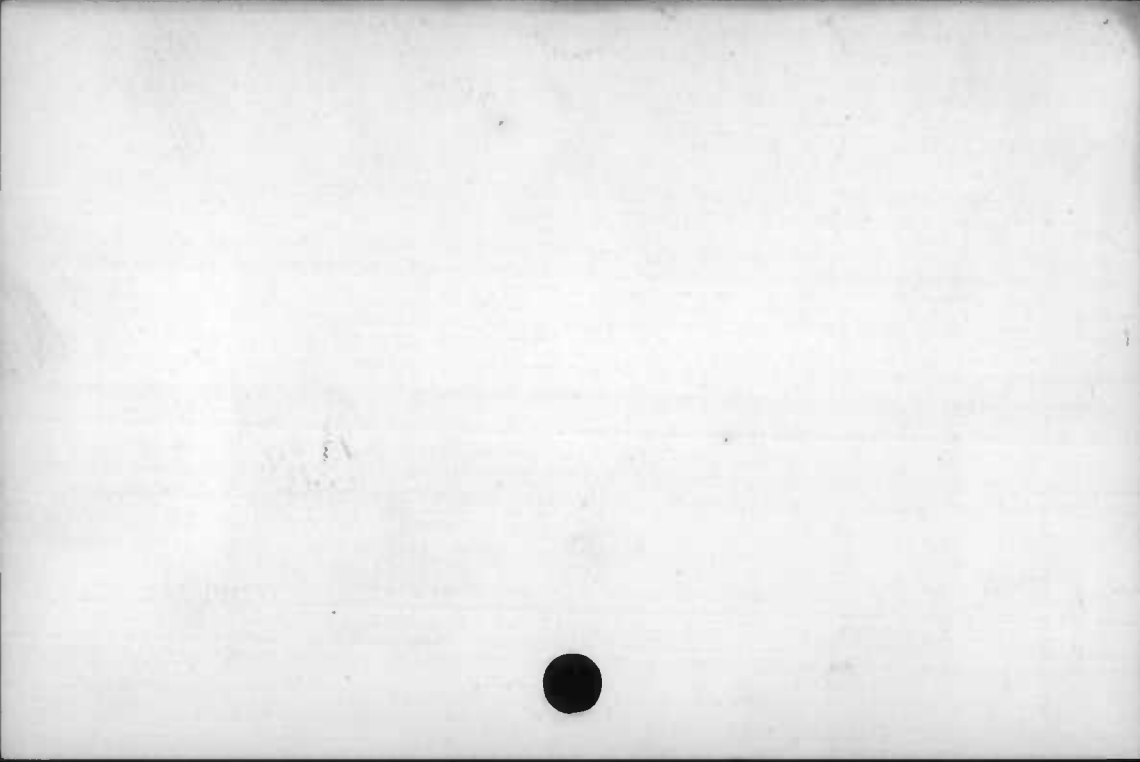
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>H. Thomas Syote</i>		Town <i>White Hall</i>		County <i>Balto Co</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>White Hall</i>		<i>1909 Nov 10</i>		<i>81</i>		<i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co</i>			
Occupation <i>farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Eleanor Treadway</i>					
Father's Name <i>Thomas Syote</i>		Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name <i>Charity Mc Comas</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>Mrs Catcharat</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long	<i>(166) ✓</i>
Immediate	<i>Congestion of the Lungs.</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas C. Baedwin</i>	
		Address <i>White Hall</i>	
Accident or suicide?		<i>Maryland.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Bernard F. McGlone

Town

County

MARYLAND

Died at near Reisterstown

Balto

Date of death 1909 Nov 18

Month

Day

Age 74

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Baltimore city

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Louise

McGlone

Father's
Name

George

McGlone

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary

McMullen

Mother's
Birthplace

Ireland

Name of person giving
Information

Louise McGlone

How related
to deceased

wife

CAUSES OF DEATH

120

Primary

Chronic Indurated Kid. Nephritis

How long

Three yrs

Immediate

Hypostatic Congestion of Lungs

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. M. Seader

Address

Reisterstown Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Grace E. McGovern

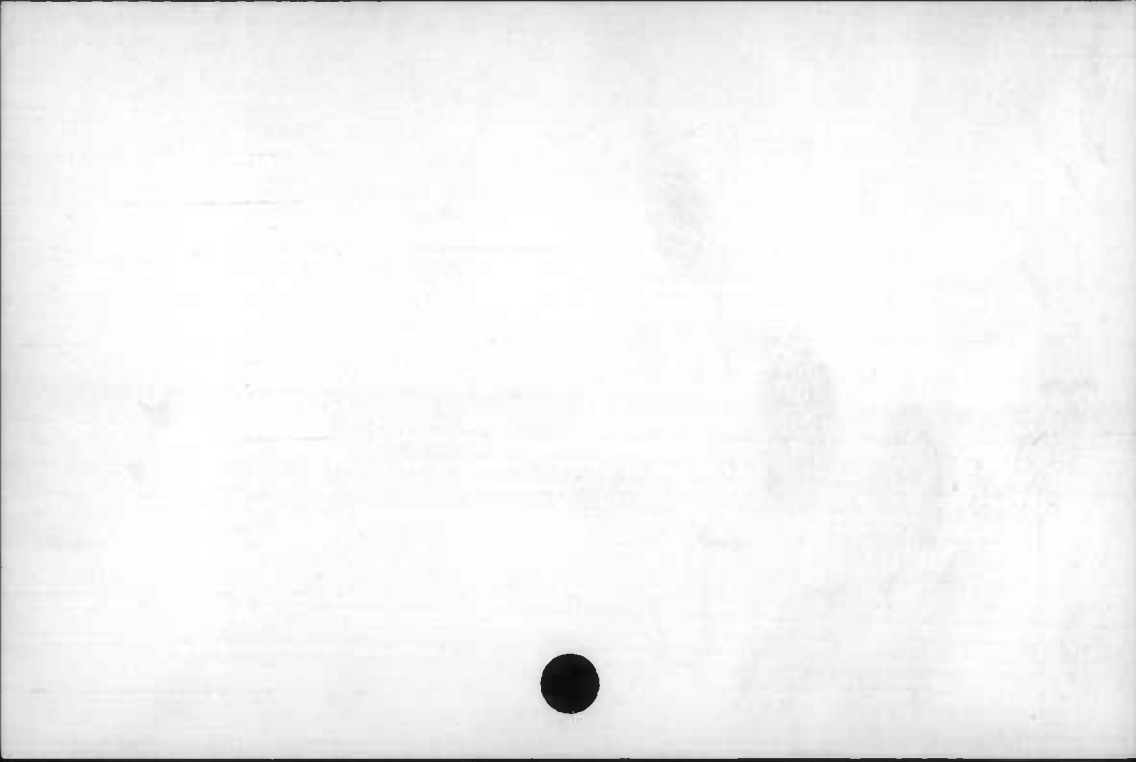
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov.</i>	Day <i>29</i>	Age <i>53</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>4407-Fredrick Ave.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sylvester McGovern</i>						
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital Record</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>(Chronic Liver)</i> <i>Chronic Interstitial Nephritis</i>	How long <i>14 yr. +</i>
	Immediate <i>Necrosis fol. op. Coracina Breach</i>	How long <i>2 days.</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Fred Y. Crank</i>
	<i>Yes</i>	Address <i>St. Agnes Hospital</i>
	<i>No</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

David Mann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

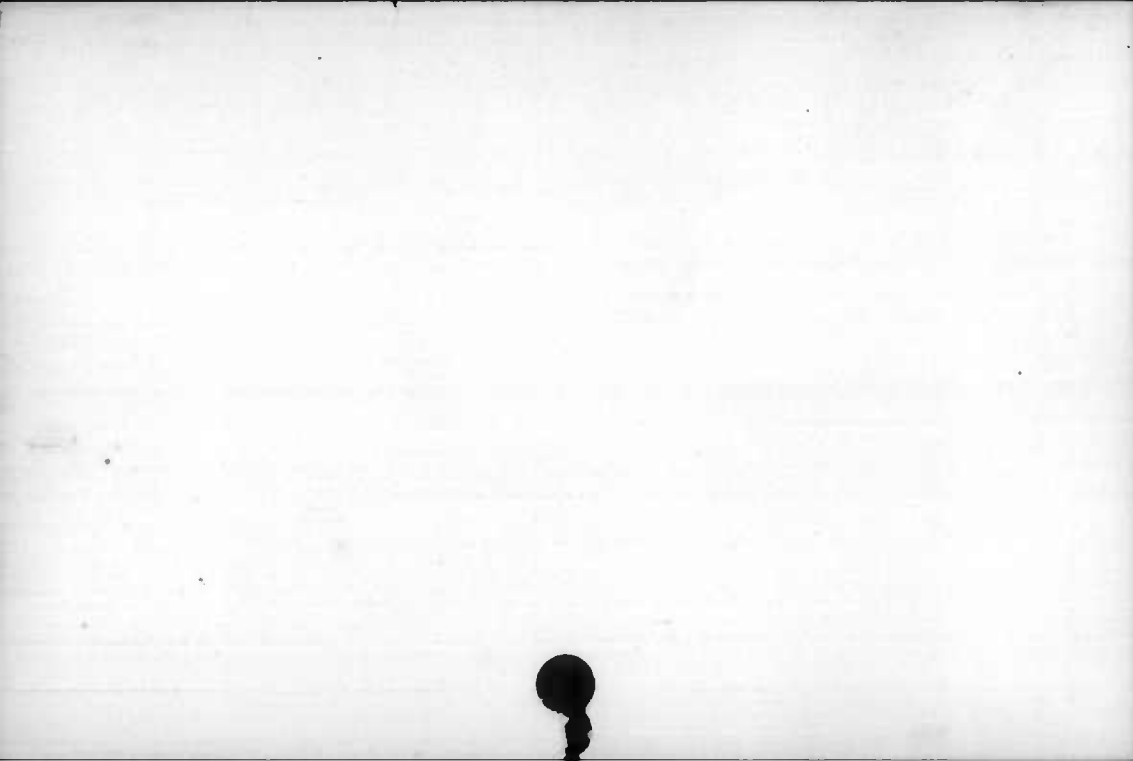
Died at <i>St. Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	Nov.	Day	8
Age		Years		Months	Days
Sex		Male		Color or Race	White
Birth-place		Scotland			
Occupation		Farmer		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Mrs. David Mann		Father's Name			
Unknown		Father's Birthplace			
Unknown		Mother's Birthplace			
Unknown		How related to deceased			
Name of person giving information		Hospital Records			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma Stomach - operation</i>	How long	<i>6 mos +</i>
Immediate	<i>General Peritonitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Fred Y. Crand</i>	
Address		<i>St. Agnes Hospital</i>	
Accident or Suicide?		no.	



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Marten

Town

County

MARYLAND

Died at Immonium

Baltimore

Date

of death

1909

Month

November

Day

2nd

Age

Years

31

Months

8

Days

19

Sex

Female

Color or
Race

white

Birth-
place

Immonium

Occupation

Post Mistress

Where Residing if not
at place of death

same

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Patrick Martens

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Torpey

Mother's
Birthplace

Ireland

Name of person giving
Information

H. W. Dohony

How related
to deceased

2nd Cousin

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis about 2 yrs.

How long

How long

Immediate

Tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. F. Barry
J. 400 N. 1st

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Bowman

At Joseph Texas
Md.

Name
in
Full

John H. Messner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

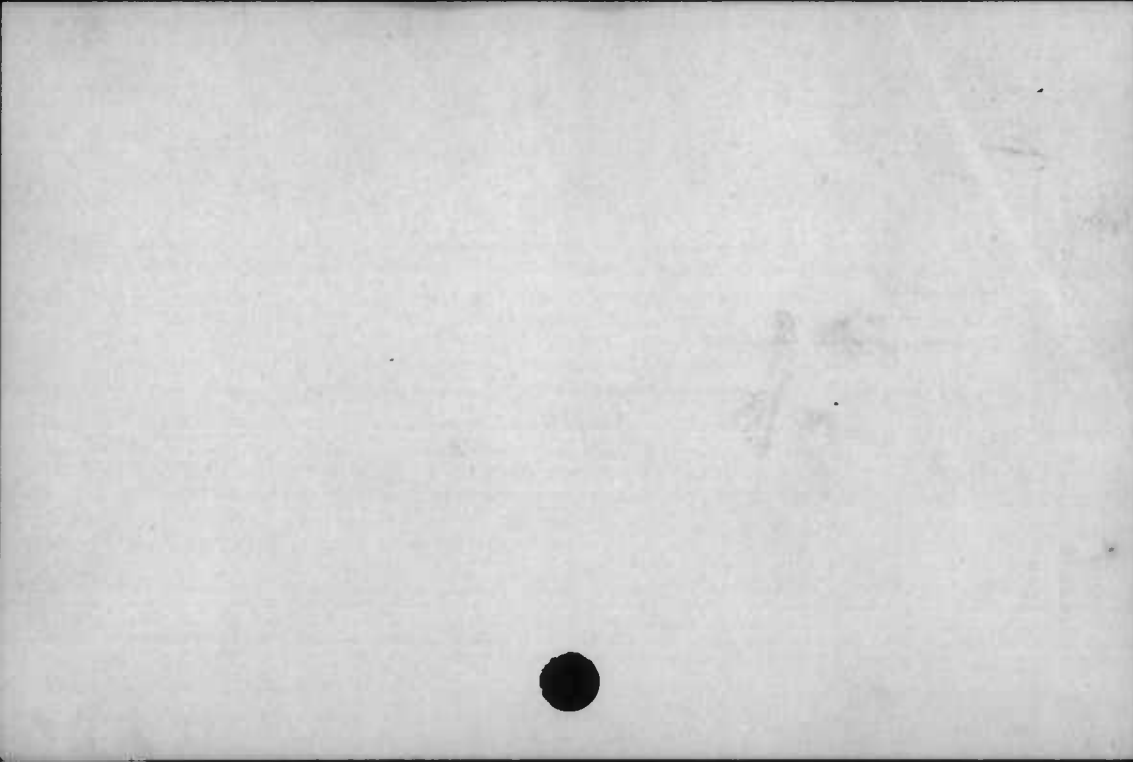
Died at <i>White Marsh</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>2</i>	Age <i>0</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>chr</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John H. Messner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Drayer</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Messner</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>10 days</i>
Immediate <i>As the cause</i>	How long <i>2 day or</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Messner</i>
	Address <i>Middle Road Ind</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Travers Paulk Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Spanish Point County Baltimore **MARYLAND**

Died at Spanish Point

Date of death 1909 Month November Day 13 Age 2 Years 2 Months 13 Days

Sex Female Color or Race White Birth-place Baltimore

Occupation child Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Uncles Miller Father's Birthplace Hungary

Mother's Maiden Name Jennie Paulk Mother's Birthplace Hungary

Name of person giving Information Jennie Paulk How related to deceased Mother

CAUSES OF DEATH

100

✓

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

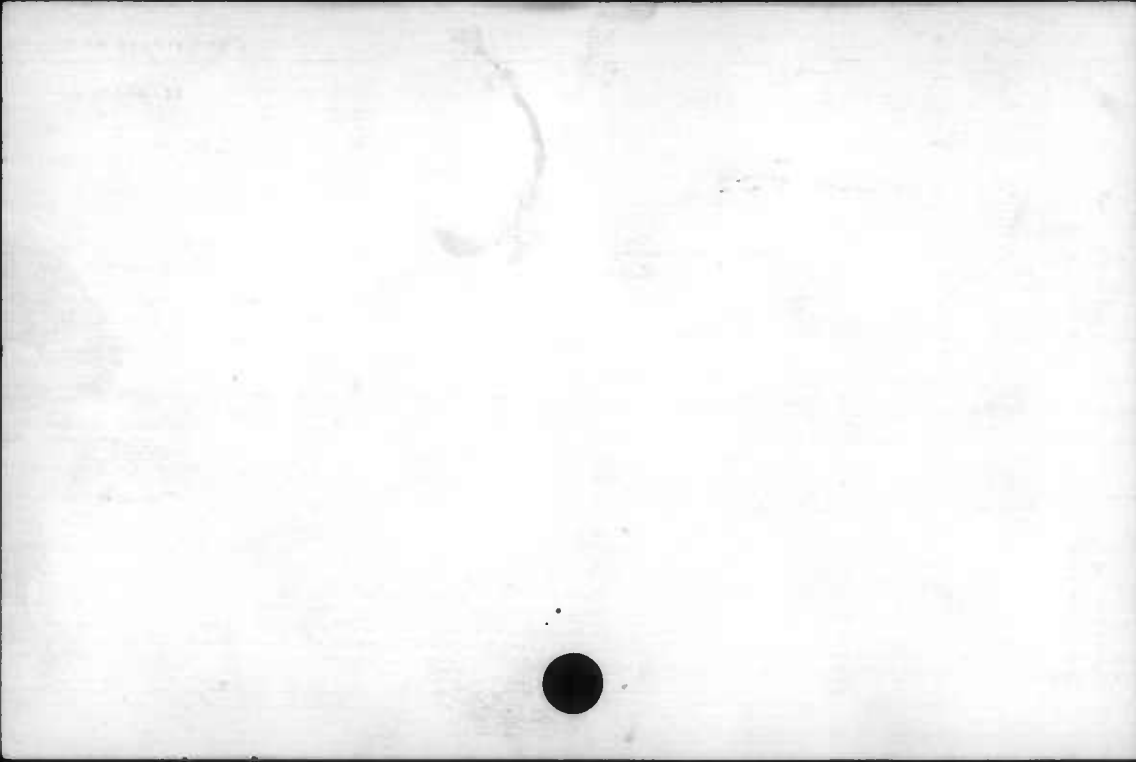
yes

Signature of Physician

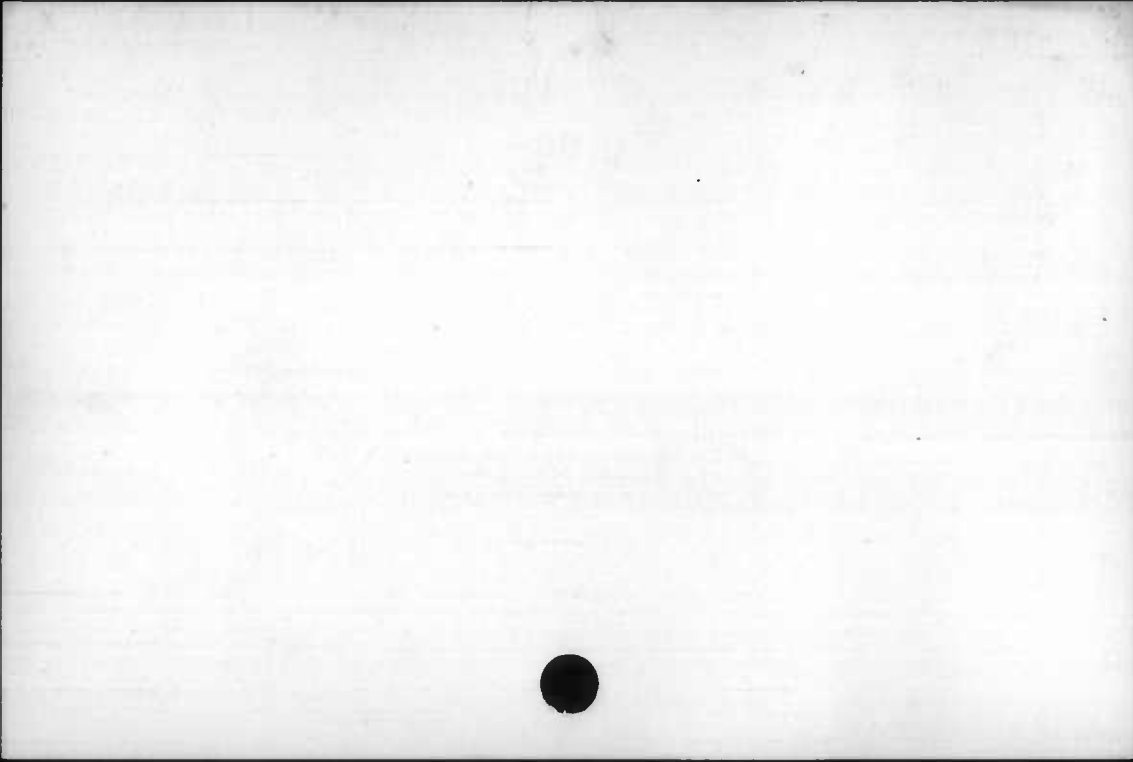
Address

J. C. Eldred M.D.
Spanish Point,
Md

Accident or Suicide



Name in Full		George W. Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town St. Agnes Hospital		County Baltimore		MARYLAND	
	Date of death	1909	Month Nov.	Day 7	Age 66	Months	Days
	Sex	Male		Color or Race	White-		Birth-place Maryland
	Occupation	Merchant		Where Residing if not at place of death		1806-Eutaw Pl.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mrs. Geo. W. Moore	
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	"				Mother's Birthplace	"
	Name of person giving information	Hospital Record				How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(81) ✓</div>							
PHYSICIAN OR CORONER	Primary	Dysentery Salmon				How long	1 yr +
	Immediate	Pulmonary Oedema				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Fred Y. Crank	
	Yes				Address	St. Agnes Hospital	
Accident or Suicide?		no					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Nov	11	52			
Sex	Color or Race		Birth-place				
Male	White		Baltimore				
Occupation	Where Residing if not at place of death						
Wood Turner	Baltimore						
Married, Single or Widowed	Name of Wife or Husband						
Single	None						
Father's Name	Father's Birthplace						
Patrick Moran	Ireland						
Mother's Maiden Name	Mother's Birthplace						
Unknown	Unknown						
Name of person giving Information	How related to deceased						
John A. Hogan	None						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Fracture of skull	Immediate
Immediate	How long
Fall off the top of a building - head broken	Coroner
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
all true	W. D. Suder M.D.
	Address
	332 E. Balto St
Accident or Suicide	

Ans. Cook.

Holy Cross Cemetery.

Sunday Nov. 15-09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov.</i>	Day <i>2</i>	Age <i>72</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death <i>Balto. Co. Almshouse</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Patrick Morris</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Margaret Tully</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>House Registrar</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage (Paralysis)</i>	How long <i>2 weeks</i>
Immediate	<i>Coma</i>	How long <i>1 day -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wilmor E. Orr M.D.</i>
		Address <i>Cockeysville Ind.</i>
Accident or Suicide? <i>No</i>		

Bunce at Blunstone

Nov. 3rd

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Marsh</i> ^{Town}		<i>Balto</i> ^{County} <i>co</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>20</i>	Years <i>Age about 60</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Russia</i>		
Occupation <i>- Unknown</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>- Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Walter Procter</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long <i>-</i>
Immediate <i>Struck by train</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Francis</i> ^{Coroner}
	Address <i>Fullerton and</i>
Accident or Suicide? <i>Accident</i>	

Entertainment
St. Peters Cant
Belair Road

Geo W Grammer
underlock

Name
in
Full

Blanche E. Metre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches. Hosp. Endowment Town</i>		County <i>Balto Co</i>		MARYLAND	
Date of death	1909	Month	<i>Nov</i>	Day	<i>25</i>
Age	<i>28</i>	Years	<i>8</i>	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto.</i>
Occupation	<i>House woman</i>	Where Residing if not at place of death <i>510 N. Luzerne St</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Jno. G. Metre</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

27

Primary	<i>Pulmonary T.B.</i>	How long	<i>5 yrs.</i>
Immediate	<i>Asthenia</i>	How long	<i>1 mo.</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Alfred M. Foster M.D.*
Address *Towson Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Burial at Baltimore cemetery
Nov 27th 1909

Undertaker Wm Cook
582 E. North ave
City

Name
in
Full

Patrick A. Mura

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Habitat P.O.</u> <u>Baltimore</u> ^{Town} ^{County}		MARYLAND	
Date of death: <u>1909</u> ^{Month} <u>November</u> ^{Day} <u>Wed. 17.</u> ^{Years} <u>39.</u>	<u>3.</u> ^{Months}	<u>2.</u> ^{Days}	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Bethman Md.</u>	
Occupation <u>dayman</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Alice M.</u>		
Father's Name <u>Edward Mura</u>	Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Hannah Fitzgerald</u>	Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>William Mura</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Erysipelas</u>	How long <u>5 days</u>
Immediate <u>Ephoresis</u>	How long <u>10 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>John T. Mura</u>
	Address <u>1019 Edman Ave</u>
Accident or Suicide? <u> </u>	

Crowley Bros
Undertakers
New Leithbridge

Name in Full *(Avenue) Lebbie, M.* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Leatonville* ^{Town} *Balto.* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *Nov* ^{Day} *27* Age *33* ^{Years} *33* ^{Months} *33* ^{Days}

Sex *Female* Color or Race *white* Birth-place *Maryland.*

Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *William H. Avenue* Father's Birthplace *md*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

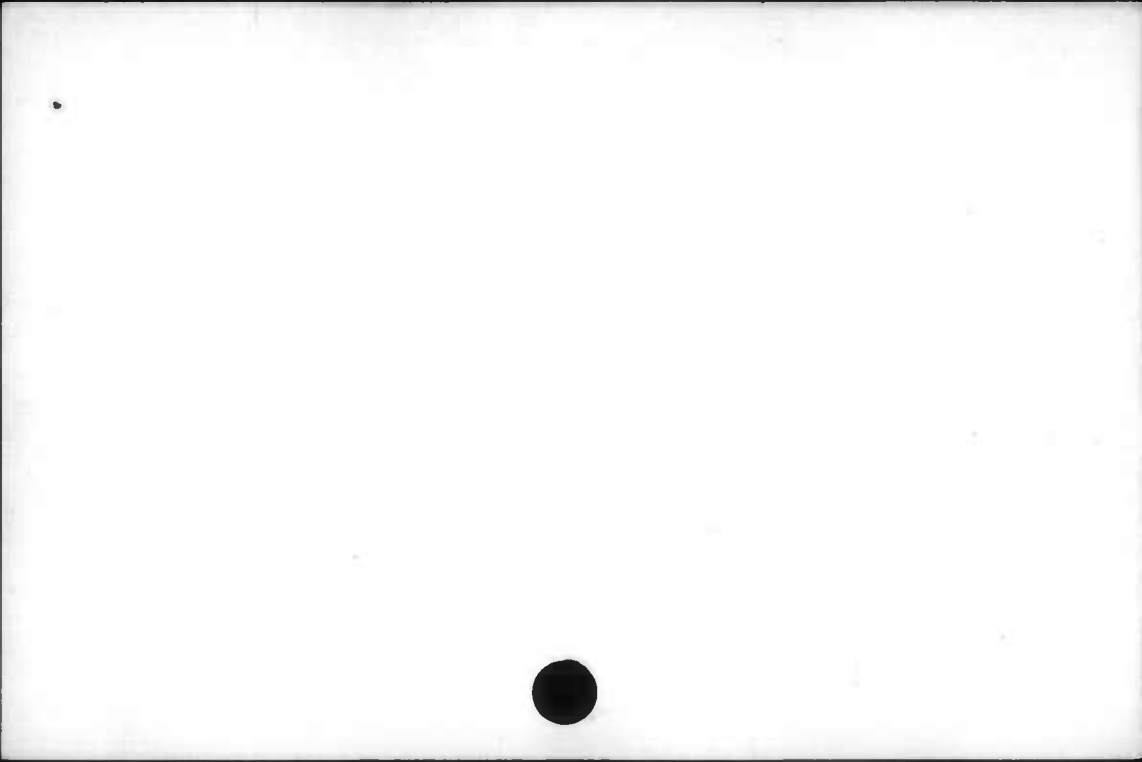
Primary *Idiocy* ^{How long} *Life*

Immediate *Chronic Interstitial Nephritis* ^{How long} *2 mos.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Grey Wade*

No. Address *Leatonville, Md*

Accident or Suicide *No.*



Name
in
Full

Katie Packham

CERTIFICATE OF DEATH

Town Highlandtown

County

Died at 3321 E. Balto. St.

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Nov.

14

Age

49

4

19

Sex

Female

Color or
Race

white

Birth-
place

New Jersey

Occupation

Housewife

Where Residing if not
at place of death

3321 E. Balto. St.

Married, Single
or Widowed

married

Name of ~~Wife~~ or
Husband

Geo. K. Packham

Father's
Name

Frances L. Grace

Father's
Birthplace

France

Mother's
Maiden Name

Mary Doseh

Mother's
Birthplace

Balto. Md

Name of person giving
Information

Geo. K. Packham

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of Womb

How long

Several months

Immediate

Heart Failure

How long

About one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. F. W. Luthman M.D.
1327 W. Fayette St.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

E. Madison Mitchell
1201 W. Fayette St =
Undertaker

for burial at
Druid Ridge Cemetery
Nov. 17-1909

Name
in
Full

Elsie May Parrish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>—</i>	Months <i>10</i> Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm H. Parrish</i>			Father's Birthplace <i>Balto Co Md</i>		
Mother's Maiden Name <i>Myrtle S Bryant</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Wm H Parrish</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough & Bronchopneumonia</i>	How long <i>6 weeks</i>
Immediate <i>Convulsion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Wm H. Farrow Park</i>
Accident or Suicide? <i>—</i>	

Lorraine Cemetery
Jos B Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1909		11		25		Age 33	
Sex		Color or Race		Birth-place			
Female		White		Germany			
Occupation		Where Residing if not at place of death					
Housewife		4310 Eastern Ave					
Married, Single or Widowed		Name of Wife or Husband					
Married		Michael Paskeo					
Father's Name		Father's Birthplace					
Don't know		Germany					
Mother's Maiden Name		Mother's Birthplace					
" "		Germany					
Name of person giving Information		How related to deceased					
Michael Paskeo		Husband.					

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	Septicaemia (non-puerperal)	How long	3 mo.
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	CR Kingsley
		Address	Johns Hopkins Hospital Balto. Md.
Accident or Suicidal			

Silly & Zuber

403 S. Wolfe St.

Sacred Heart cemetery
Nov. 27th

Name
in
Full

Lydia Pearl Peacock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cockeysville		County Balto.		MARYLAND	
Date of death		Month 11	Day 20	Age 3	Years 5	Months 15	Days -
Sex	Female		Color or Race	white		Birth-place	Ind.
Occupation	None			Where Residing if not at place of death Cockeysville Ind.			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Wm. Peacock.				Father's Birthplace	Ind.	
Mother's Maiden Name	Annies Haylor				Mother's Birthplace	Ind.	
Name of person giving information	Annie Peacock.				How related to deceased	Mother-	

CAUSES OF DEATH

88

✓

PHYSICIAN
OR CORONER

Primary	Acute Catarrhal Laryngitis		How long	10 days -
Immediate	Pneumonia		How long	12 hours -
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Wilmer C. Owsen M.D.	
		No	Address Cockeysville Ind.	
Accident or Suicide?		No		

Internment at Int
Zion Monday 22nd

W. C. Brooks

Name in Full		Emily Potter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hamilton		Baltimore		MARYLAND	
	Date of death	1909	Month Nov	Day 13	Age 2	Months	Days 2
	Sex	Female		Color or Race	White		
	Occupation	—			Where Residing if not at place of death	Baltimore Co	
	Married, Single or Widowed	—		Name of Wife or Husband	—		
	Father's Name	Wm. Potter			Father's Birthplace	ecil Co. Md	
	Mother's Maiden Name	Mabel Dunham			Mother's Birthplace	Petoski Michigan	
	Name of person giving information	Wm. Potter			How related to deceased	Father	
		CAUSES OF DEATH				93 ✓	
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	2 days
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. George B. E. Vogler
	Accident or Suicide?	—				Address	Hamilton Ave & Harp of Road Hamilton Baltimore Co Md

Taylor's Chapel.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Still born of John Edmund G. Prince

Town

Towson

County

Balti.

Date

of death

1909

Month

Nov.

Day

8-

Age

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Hampton Estate

Occupation

None

Where Residing if not
at place of death

Hampton Estate

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Edmund G. Prince

Father's
Birthplace

Balti. Co.

Mother's
Maiden Name

Martha V. Syone

Mother's
Birthplace

Balti. Co.

Name of person giving
Information

Edmund G. Prince

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

Still Born

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. P. Rogers M.D.
Lowers
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

John Burns Sons
Toronto

Interment in
St. John's Cemetery
Waverly

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

James Quigley
Died at Balto. Co. ^{Town} ^{County} Balto.

Date of death 1909 Nov 2 Age 70
Month Day Years Months Days

Sex Male Color or Race White Birth-place Not Known

Occupation Not Known Where Residing if not at place of death Balto. Co. always home

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information John Chilcoat How related to deceased none

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 1 week.

Immediate Coma How long 1 day -

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wilmer C. Egan M.D.

Address Cockeysville, Md.

Accident or Suicide No.

PHYSICIAN
OR CORONER

John Burns Sons
Toronto.

Disinterment from.

Balto. Co. Abner House Cem
to.

National Cemetery
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John L. Redel</i>		Town <i>Parkville</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Parkville</i>		Month <i>Nov.</i>		Day <i>13</i>		Year <i>1909</i>	
Date of death <i>1909 Nov. 13</i>		Age <i>3</i>		Months <i>3</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Parkville Md.</i>		Where Residing if not at place of death <i>Parkville, Md.</i>	
Occupation <i></i>		Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>George Redel</i>		Father's Birthplace <i>Md.</i>		Mother's Maiden Name <i>Sadie Miller</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving Information <i>George Redel</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro-Spinal Meningitis</i>	How long <i>About 1 week.</i>
Immediate <i>Convulsions</i>	How long <i>Several hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lingard Whitford</i>
	Address <i>Fullerton, Md.</i>
Accident or Suicide <i></i>	

St Josephs
Cemetery

Name
in
Full

Melissa Elizabeth Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} St Agnes Hospital ^{County} Baltimore

MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 26 ^{Years} 55 ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Columbia, Tenn

Occupation Matron of Woman's College, Where Residing if not at place of death Tallahassee, Fla.

Married, Single or Widowed Widowed Name of Wife or Husband W. H. Reynolds

Father's Name Wm H Cochrane Father's Birthplace Not known

Mother's Maiden Name Not known Mother's Birthplace Not known

Name of person giving information Miss Ruth Reynolds How related to deceased daughter

CAUSES OF DEATH

25

PHYSICIAN
OR CORONER

Primary Pellagra How long 4 mos +

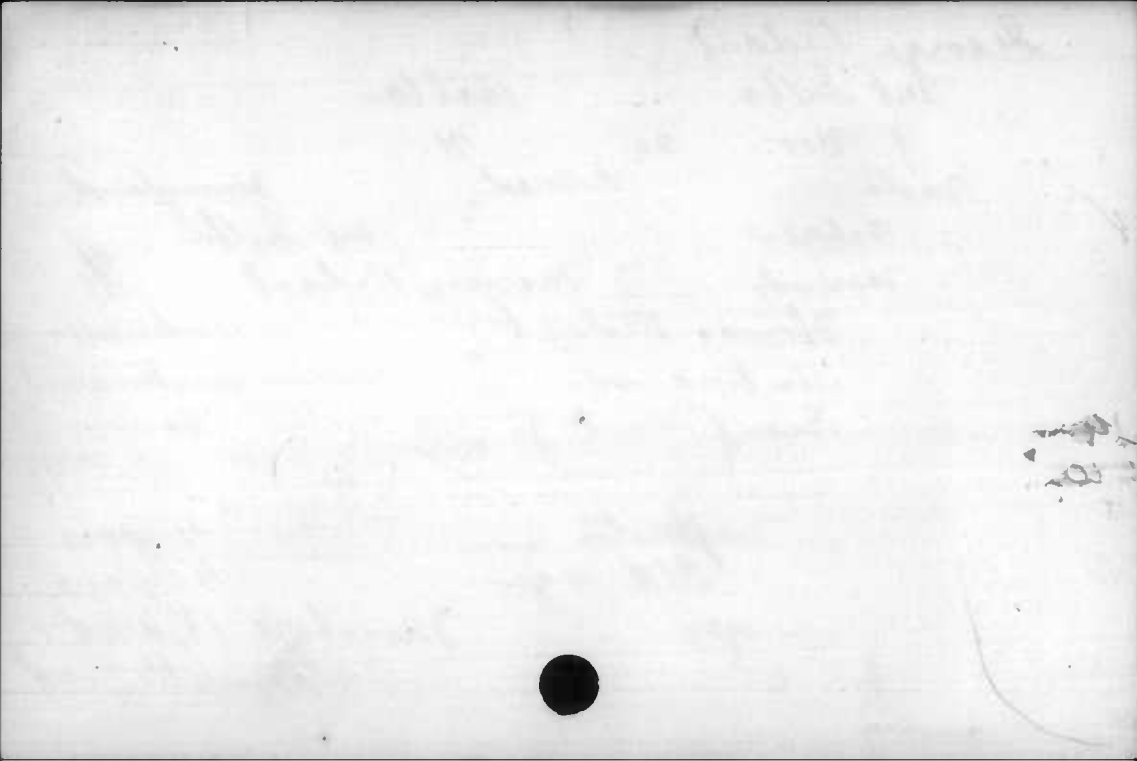
Immediate Asthenia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Allen Graham M.D.

Address St Agnes Hospital

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Ridaut.

Died at **Mt Silbo** ^{Town} **Balto** ^{County} **MARYLAND**

Date of death **1909** ^{Month} **Nov** ^{Day} **26** ^{Years} **Age** **71** ^{Months} **—** ^{Days} **—**

Sex **Male** Color or Race **Colored** Birth-place **Maryland**

Occupation **Laborer** Where Residing if not at place of death **Mt-Silbo**

Married, Single or Widowed **Married** Name of Wife or Husband **Marian Ridaut**

Father's Name **Thomas Ridaut** Father's Birthplace **Unknown**

Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**

Name of person giving information **Geo Ridaut Jr.** How related to deceased **Son**

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

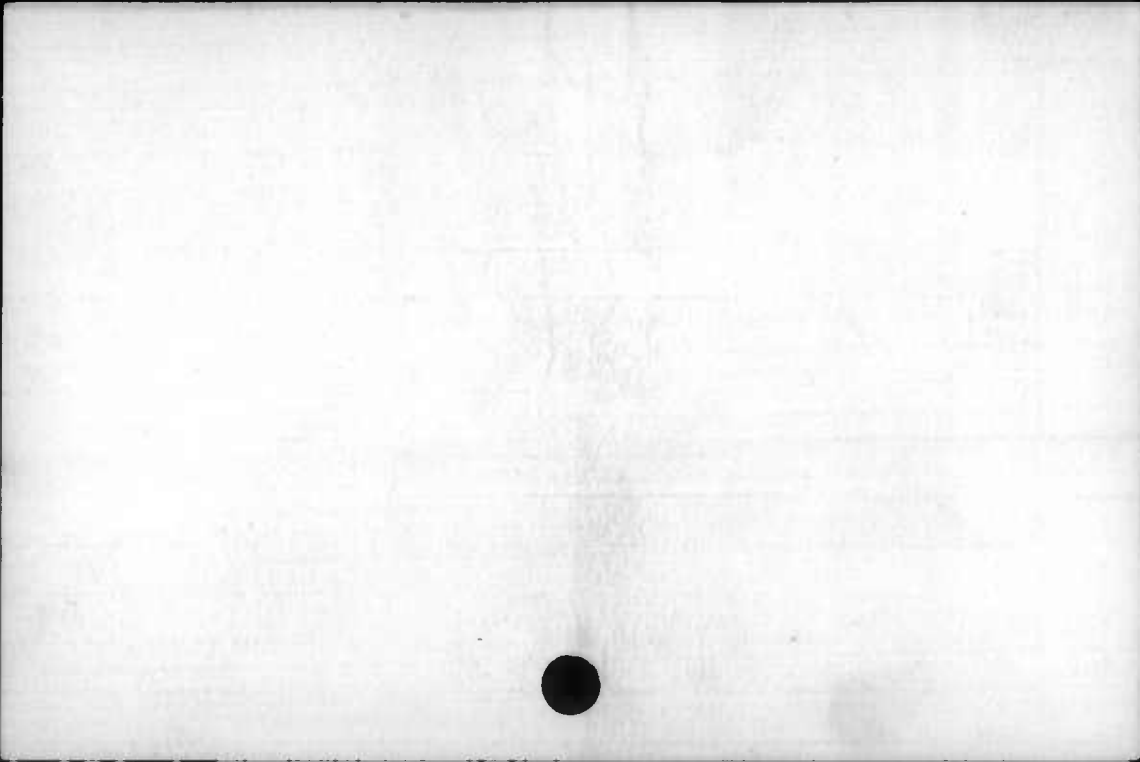
Primary **Nephritis** How long **4 years**

Immediate **Old age** How long **4 years**

Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **Marshall B. West**

Address **Catonville Md.**

Accident or Suicide? **—**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Florence Gertrude Riley

Town

County

Died at

St Agnes Hospital

Baltimore

MARYLAND

Date

of death 1909

Month

Nov

Day

2nd

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Sewer Maker

Where Residing if not
at place of death

Monell Park, Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Henry Riley

Father's
Birthplace

Maryland

Mother's
Maiden Name

Kate Shumpp

Mother's
Birthplace

Maryland

Name of person giving
Information

Father John Henry Riley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Perforation bowel (lb)

How long

6 hrs.

Are the name, age, sex, color, date
and place correctly given above?Yes
mSignature of
Physician

Address

Fred M. Crowl
St Agnes Hospital

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary J Ring* County *Baltimore* MARYLAND
Died at *Rolling Road*
Date of death *1909 Nov 19* Age *81* Month *10* Days *5*
Sex *Female* Color or Race *white* Birth-place *Maryland*
Occupation *None* Where Residing if not at place of death *Rolling Road*
Married, Single ☒ Widowed Name of Wife or Husband *John J Ring "Deceased"*
Father's Name *William Lindsey* Father's Birthplace *Ireland*
Mother's Maiden Name *Elizabeth Griffith* Mother's Birthplace *do*
Name of person giving Information *J. R. Ring* How related to deceased *Son*

CAUSES OF DEATH

142 ✓

PHYSICIAN
OR CORONER

Primary *Old age, and Senile cerebral degeneration* How long *Several years*
Immediate *Exhaustion, gangrene of foot* How long *Eight weeks (?)*
Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Alfred Vanstael, M.D.*
Address *921 Cathedral St
Baltimore Maryland*
Accident or Suicidal

Stewart & Mowen Co
Funeral Directors
215 Park Ave
for Interment in
London Park Cemetery
November 21st /09.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *mt Hope Rebrich* ^{County} *Baltimore*Date of death 190 ^{Month} *9* ^{Day} *Nov* ^{Years} *3rd* Age *67* ^{Months} *not known* ^{Days} *not known*Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Clergyman* Where Residing if not at place of death *Columbus Ohio*Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *not known*Father's Birthplace *not known*Mother's Maiden Name *" "*Mother's Birthplace *" "*Name of parson giving Information *Reeds Mt Hope Rebrich*How related to deceased *not at all*

CAUSES OF DEATH

Primary *Delusional Mania*How long *over 7 yrs*Immediate *Ex Left Hemiplegia*How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Frank J. Flannery*Address *mt Hope Rebrich
mt Hope Md.*Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

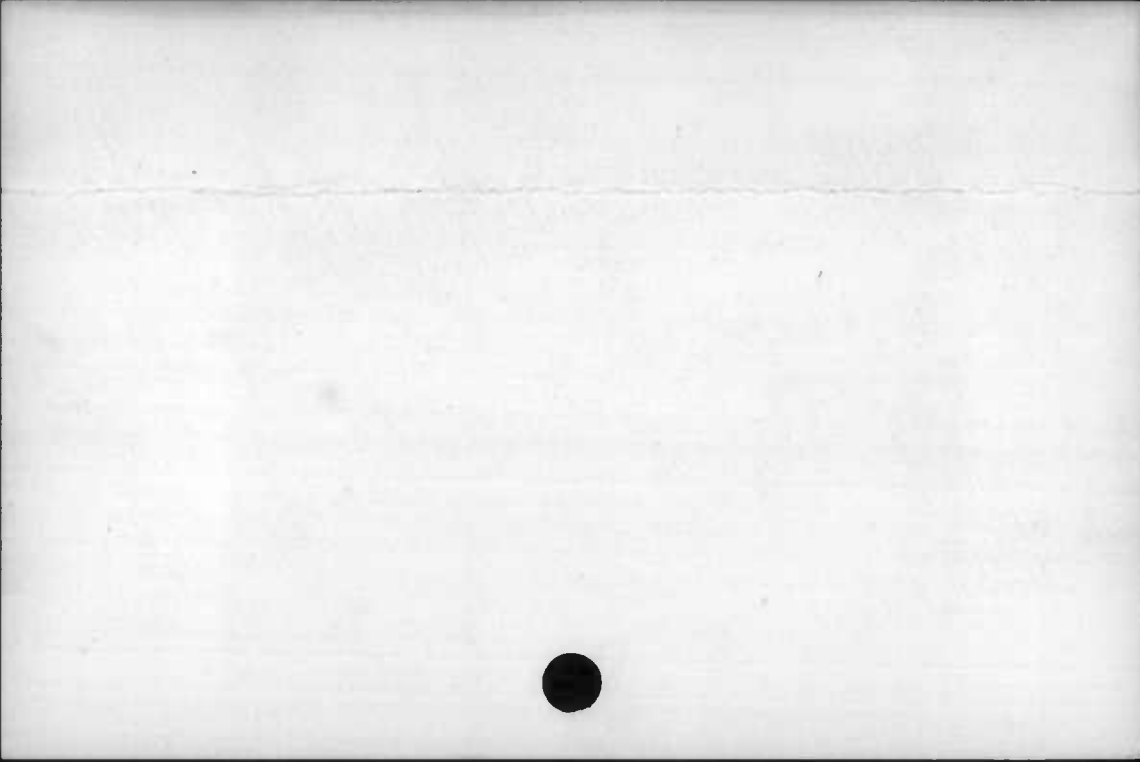
Name in Full <i>Benjamin Franklin Rossier</i>		County <i>Rock</i>		MARYLAND	
Died at <i>White Hall</i>		Town <i>Balto</i>			
Date of death	1909	Month	Nov	Day	16
Age	35	Years	8	Months	16
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	<i>carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Ben Almon</i>			Father's Birthplace	Maryland
Mother's Maiden Name	<i>Sarah C. Ross</i>			Mother's Birthplace	Maryland
Name of person giving information	<i>Sarah C. Rossier</i>			How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 yrs</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. B. Morris</i>
<i>yes</i>		Address	<i>Parkton</i>
Accident or Suicide?			<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

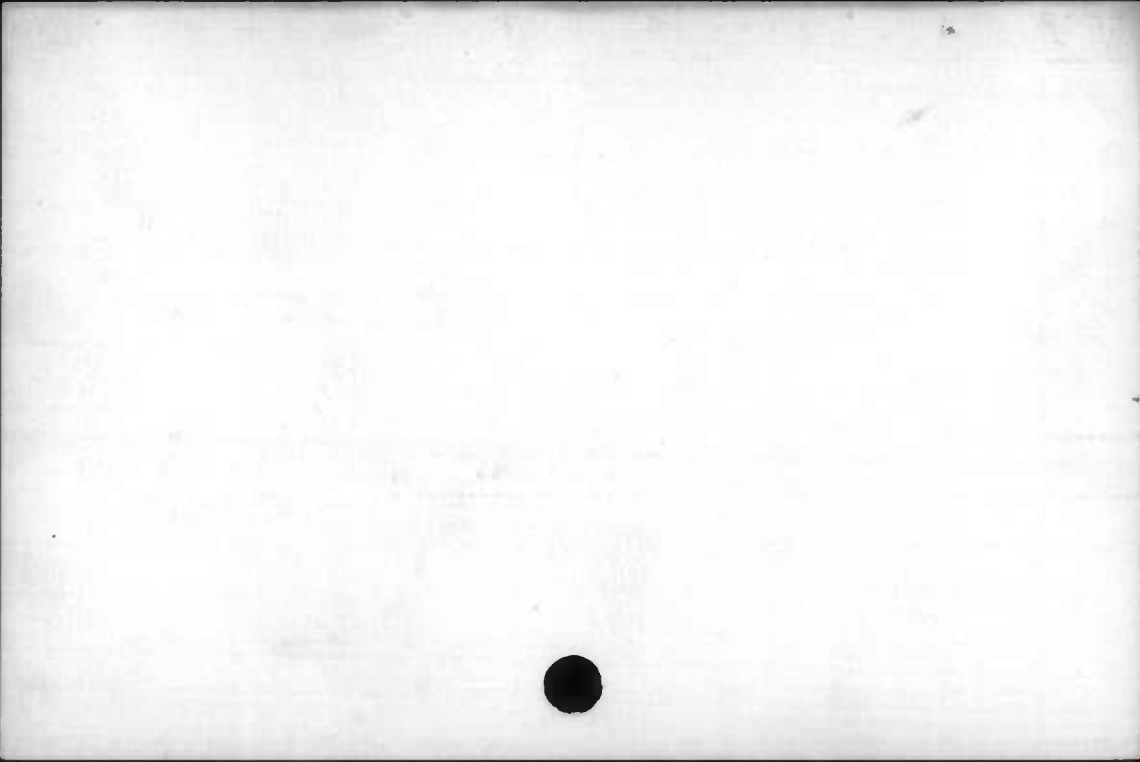
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanrville</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>none</i>	Months <i>none</i>	Days <i>none</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lanrville</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Henry Rock</i>			Father's Birthplace <i>Balto City</i>		
Mother's Maiden Name <i>Minnie Volder</i>			Mother's Birthplace <i>Washington D.C.</i>		
Name of person giving information <i>William Henry Rock</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>8</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>George A. Long M.D.</i>
		Address <i>Hamletts</i>
Accident or Suicide?	<i>No</i>	<i>And</i>



Name
In
Full

Mrs. Edna Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

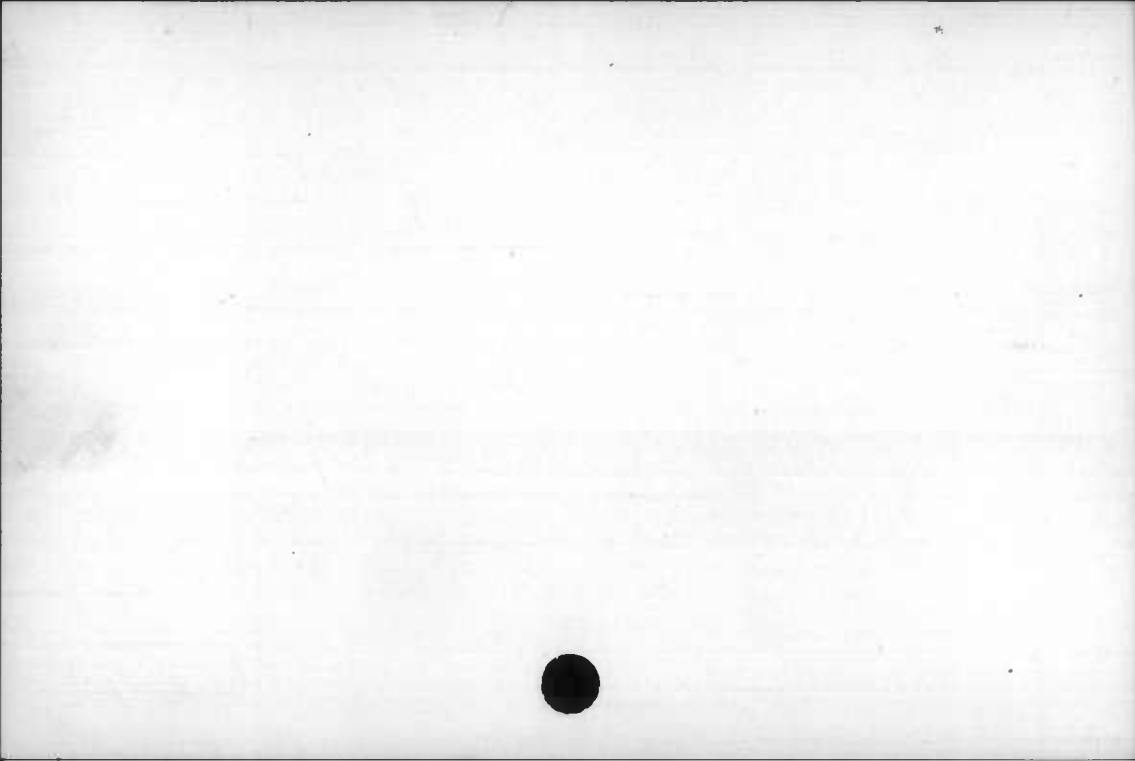
Died at <i>St. Agnes' Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	Nov.	Day	29
Age	24	Years		Months	
Sex	Female	Color or Race	White	Birth-place	
Occupation	Housewife		Where Residing if not at place of death <i>524-Fremont Ave.</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>J. J. Russell</i>			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	"			Mother's Birthplace	"
Name of person giving information	<i>Hospital Record</i>			How related to deceased	—

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Acute sup. appendicitis (op.)</i>	How long	<i>2 days</i>
Immediate	<i>Sept. caemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Fred H. Cronk</i>
Yes		Address	<i>St Agnes Hospital</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mr. Anna B. Ryan*

Town *St. Agnes' Hospital* County *Baltimore*

Died at *St. Agnes' Hospital*

Date of death *1909* Month *Nov* Day *18* Age *64* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *None* Where Residing if not at place of death *1630 - John St*

Married, Single or Widowed *Widow* Name of Wife or Husband *R. S. Ryan (Deceased)*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Hospital records.* How related to deceased

CAUSES OF DEATH

117

✓

PHYSICIAN
OR CORONER

Primary *Carcinoma pancreas - Cholecystitis* How long *2 mos +*

Immediate *Hemorrhage into bowel. fol. operat.* How long *1 doz*

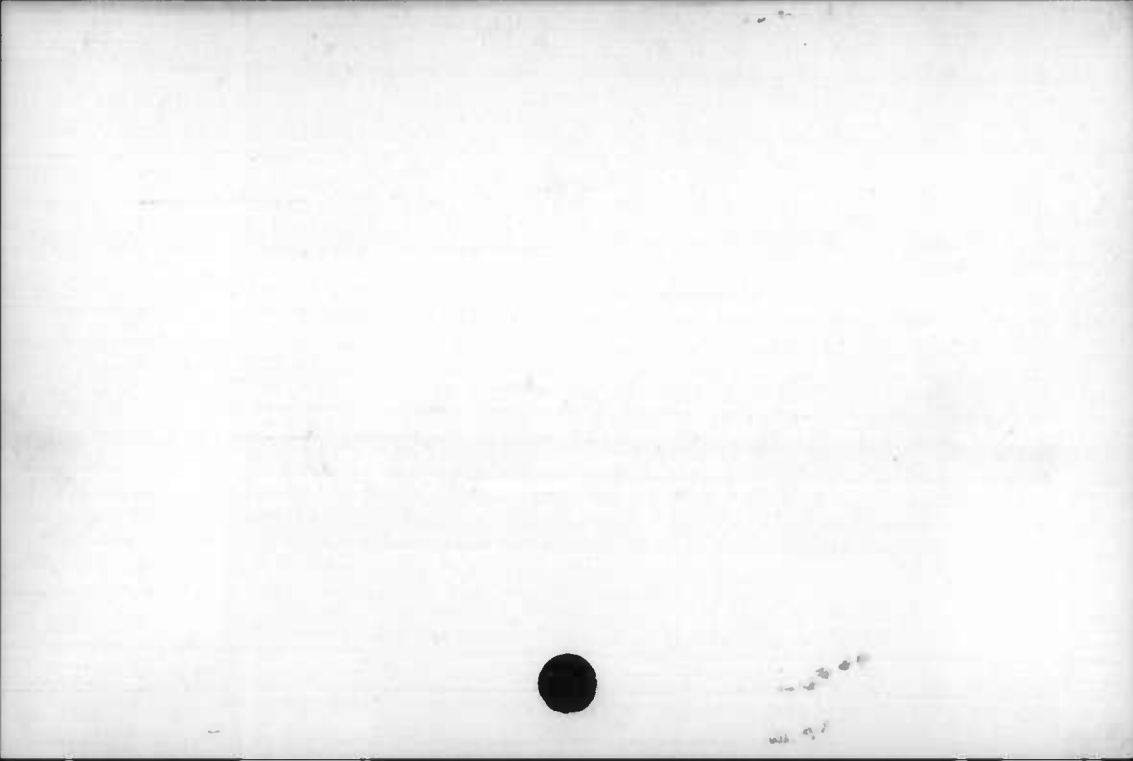
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *Fred G Crook*

Address *St Agnes Hospital*

Accident or Suicide? *No*



Name
in
Full

Infant of William & Elizabeth Satter Jr.

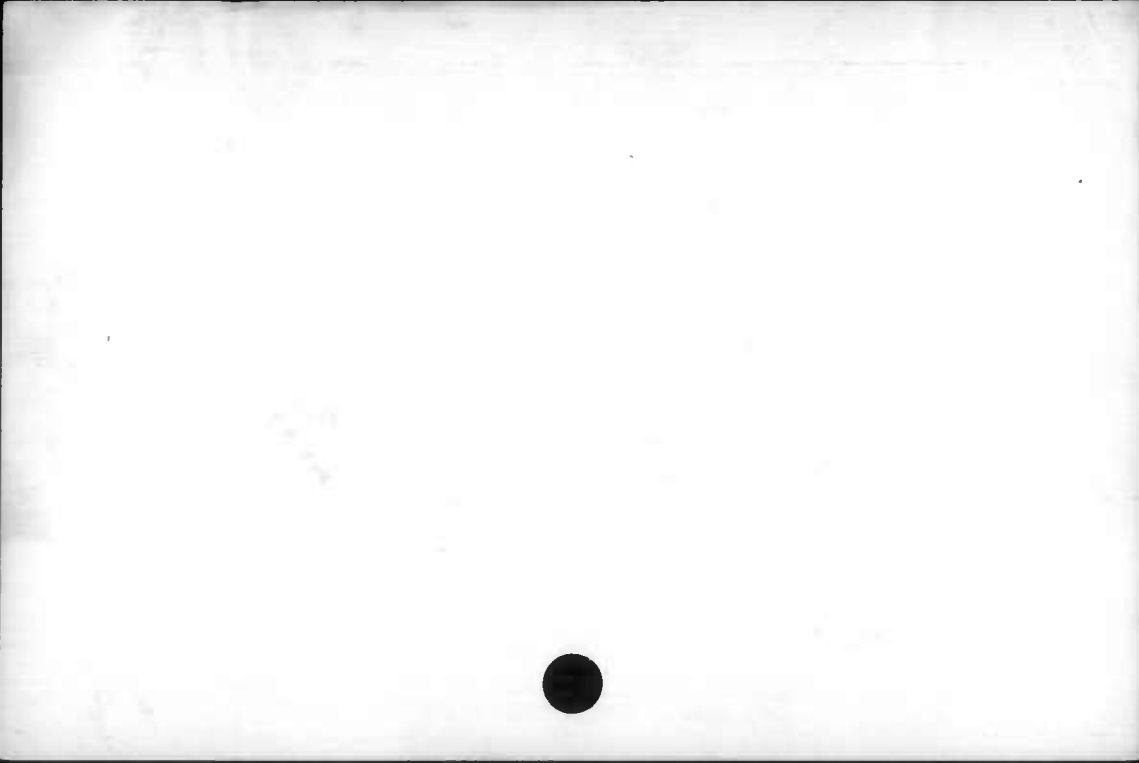
CERTIFICATE OF DEATH

Died at <u>Pikesville</u>		Town <u>Baltimore</u>		County		MARYLAND	
Date of death 1909		Month 11		Day 2		Age	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Pikesville, Md.</u>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband					
Father's Name <u>William H. Satter Jr.</u>		Father's Birthplace <u>Baltimore, Md.</u>					
Mother's Maiden Name <u>Elizabeth Seawann</u>		Mother's Birthplace <u>North Carolina</u>					
Name of person giving Information <u>William H. Satter Jr.</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Albuminuria in mother</u>		How long <u>2 months</u>	
Immediate <u>Premature birth at 7 months</u>		How long <u>few hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Henry A. Mayhew</u>	
		Address <u>Pikesville Md.</u>	
Accident or Suicide <u>no</u>			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Sanders</i>		Town <i>Raspeburg</i>		County <i>Balt.</i>		MARYLAND	
Died at <i>Raspeburg</i>		Date of death <i>1909</i>		Month <i>11</i>		Day <i>24</i>	
Age <i>63</i>		Years <i>63</i>		Months <i>Unknown</i>		Days <i>Unknown</i>	
Sex <i>M.</i>		Color or Race <i>Wh.</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farmers</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catherine Seitz</i>					
Father's Name <i>Abidiah Sanders</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Ann Houston (?)</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Sam'l G. Knopp</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

146

✓

PHYSICIAN
OR CORONER

Primary <i>Mastoiditis</i>	How long <i>3 months</i>
Immediate <i>Acute Sepsis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. L. Milkinson</i>
	Address <i>Raspeburg Ind.</i>
Accident or Suicide? <i>Neither</i>	<i>14</i>

Henry Lutz

Name
in
Full

Wilhelmina Sanft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phila. road ext.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	11	Day	26
Age	36	Years	10	Months	17
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	Housewife	Where Residing if not at place of death <i>Phila. road Ext.</i>			
Married, Single or Widowed	Married.	Name of Wife or Husband <i>Andrew Sanft</i>			
Father's Name	John Schleich	Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	don't know	Mother's Birthplace <i>Germany</i>			
Name of person giving Information	Andrew Sanft.	How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

Primary	<i>2/2</i> <i>hemorrhage from Lung</i>	How long	<i>(99)</i> ✓
Immediate		How long	<i>Coroner</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Dudgeon M.D.</i>	
		Address <i>3323 E. Baltimore</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER

Holy Redeemer Cemetery.

Nov 29th 1909.

Lilly and Zeiler.
Undertakers.

Name
in
Full

No I Bauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		Town		<i>Baile</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>2</i>		Years <i>49</i>		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>U.S.A</i>		Age		Days	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Putnam Heights</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>Not known</i>	
Father's Name <i>Geo Bauer</i>		Mother's Maiden Name <i>Franziska Hoffmann</i>		Mother's Birthplace <i>unknown</i>		Name of person giving Information <i>Mrs Bauer sister in law</i>		How related to deceased <i>159</i>	

CAUSES OF DEATH

Primary <i>Insan two fatal wounds</i>		How long <i>159</i>	
Immediate <i>suicidal by himself during acute insanity</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. L. Corcoran</i>	
Physician or Coroner <i>William Schone Coroner</i>		Address <i>Gardenville</i>	
Accident or Suicide		<i>Med. 11</i>	

Nov. 3rd / 09

Jos Wendell Gippel & Son
330 S. Bond St.

Holy Redeemer Church

Nov. 6th / 09

Name
in
Full

George Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sheppard & Enoch Pratt Hosp* Town *Towson* County *Balto*
 Date of death *1909 Nov 6* Month *Nov* Day *6* Age *64* Years *64* Months Days
 Sex *male* Color or Race *white* Birth-place *Va*
 Occupation *Atty of Law* Where Residing if not at place of death *Baltimore Md*
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Savage - not known* Father's Birthplace *Va*
 Mother's Maiden Name Mother's Birthplace *So Carolina*
 Name of person giving Information *EST Bush* How related to deceased *Physn*

CAUSES OF DEATH

Primary *Arterio Sclerosis* How long *64* *Several years*
 Immediate *Apoplexy (Cerebellar)* How long *Immediate*
 Are the name, age, sex, color, date and place correctly given above? *EST Bush* Signature of Physician

Address *Sheppard & Enoch Pratt Hosp Towson*

PHYSICIAN
OR CORONER

~~Accident or Suicide~~

Chas E French

802 Madison ave
city

For burial at Loudon Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob G. Shearer*
Died at *Grave Run* Town *Baltimore* County *MARYLAND*

Date of death 190*9* Month *11* Day *30* Age *28* Years Months *4* Days *28*

Sex *Male* Color or Race *white* Birth-place *Grave Run*
Occupation *Laborer* Where Residing if not at place of death *Grave Run*

Married, ~~Single~~ *Single* Name of Wife or ~~husband~~ *Jennie G. Shearer*

Father's Name *Daniel F. Shearer* Father's Birthplace *Maryland*

Mother's Maiden Name *Amelia Folk* Mother's Birthplace *Maryland*

Name of person giving Information *Daniel F. Shearer* How related to deceased *Father*

CAUSES OF DEATH

104

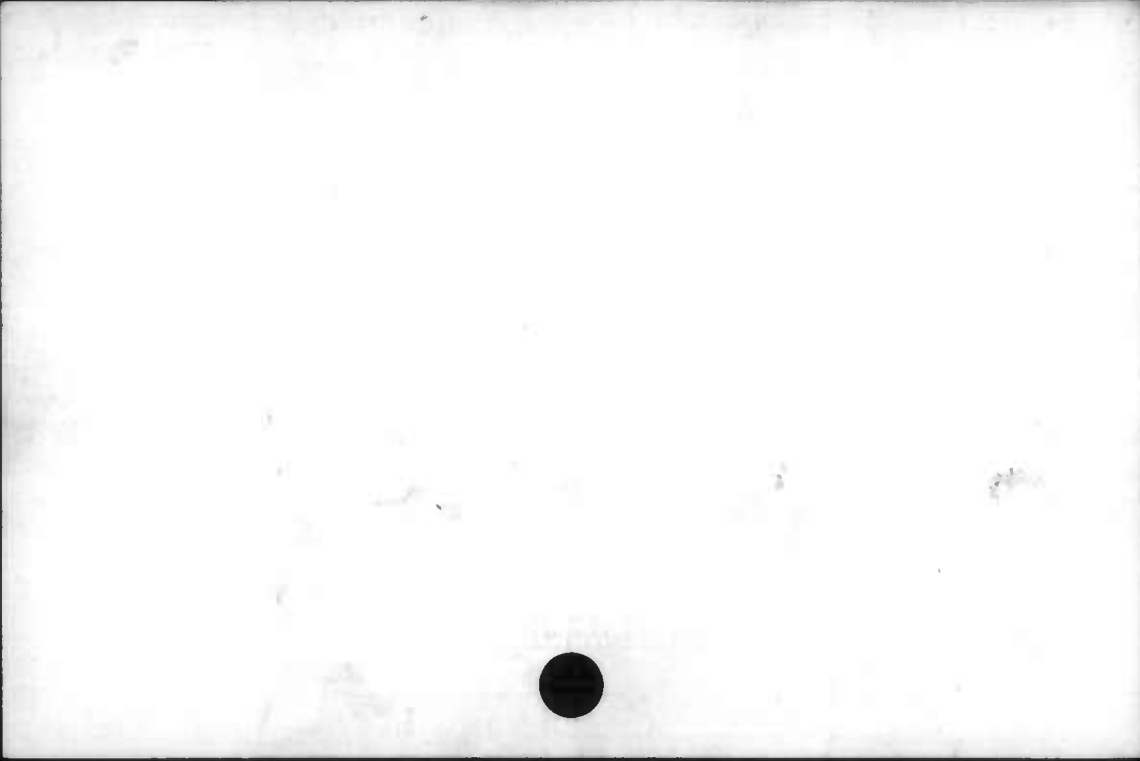
Primary *Chronic Catarrh of Stomach* How long *Two years*
Immediate *Dropsy & Heart Failure* How long *One month*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *E. R. Albright, M.D.*

Address *Glenn Rock Pa*
R. D. #1

Accident or Suicide *No.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Thaddeus Shepard

Town

County

Died at *Alherton*

Balto

MARYLAND

Date of death *1909 Nov.*

Day

19

Age

56

Months

3

Days

Sex *Male*

Color or Race

White

Birth-place

Maryland

Occupation

Farmer

Where Residing if not at place of death

Alherton

Married, Single or Widowed

married

Name of Wife or Husband

Kate Shepherd

Father's Name

Larkin Shepherd

Father's Birthplace

Maryland

Mother's Maiden Name

Caroline Selby

Mother's Birthplace

Maryland

Name of person giving information

Kate Shepherd

How related to deceased

Wife

CAUSES OF DEATH

108

Primary

Strangulated Hernia Nov. 12-20/09.

How long

Immediate

Apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

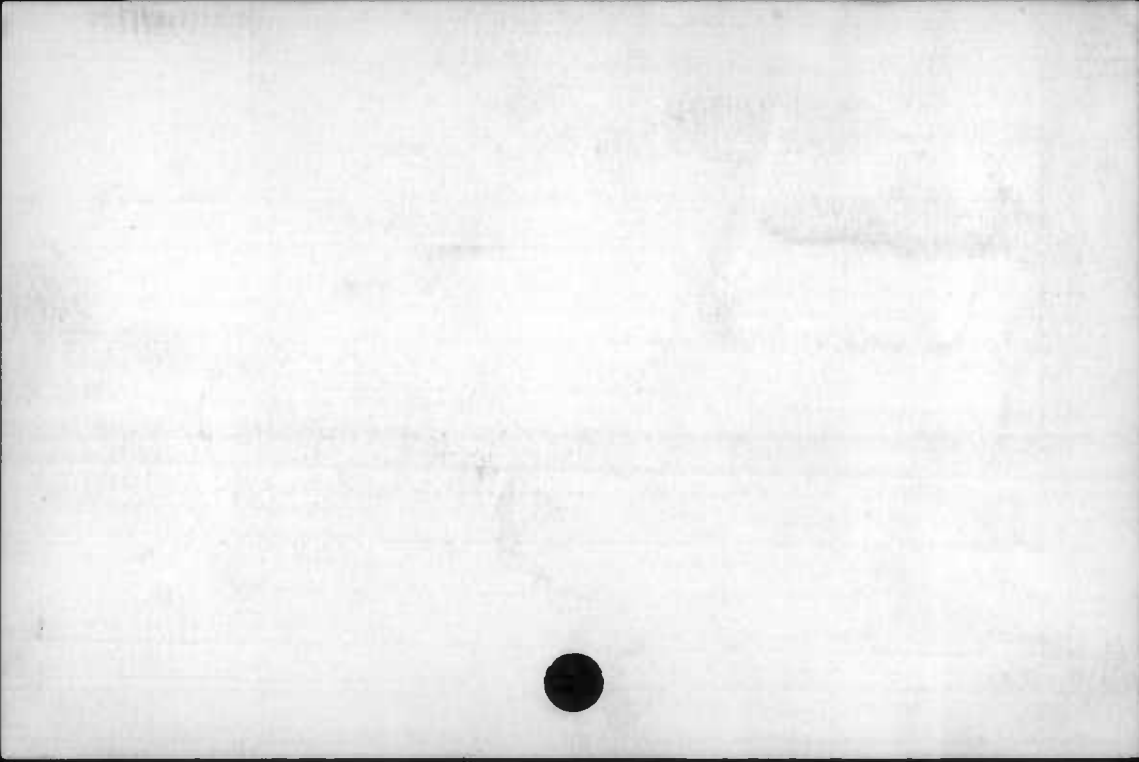
Address

*Wm. J. Shepherd M.D.
Alherton*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Harry Thomas Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Gwynnbrook* Town *Baltimore* County
Date of death 1909 *Nov* Month *14th* Day *5* Years *Months* Days
Sex *Boy* Color or Race *White* Birth place *Gwynnbrook*
Occupation _____ Where Residing if not at place of death _____

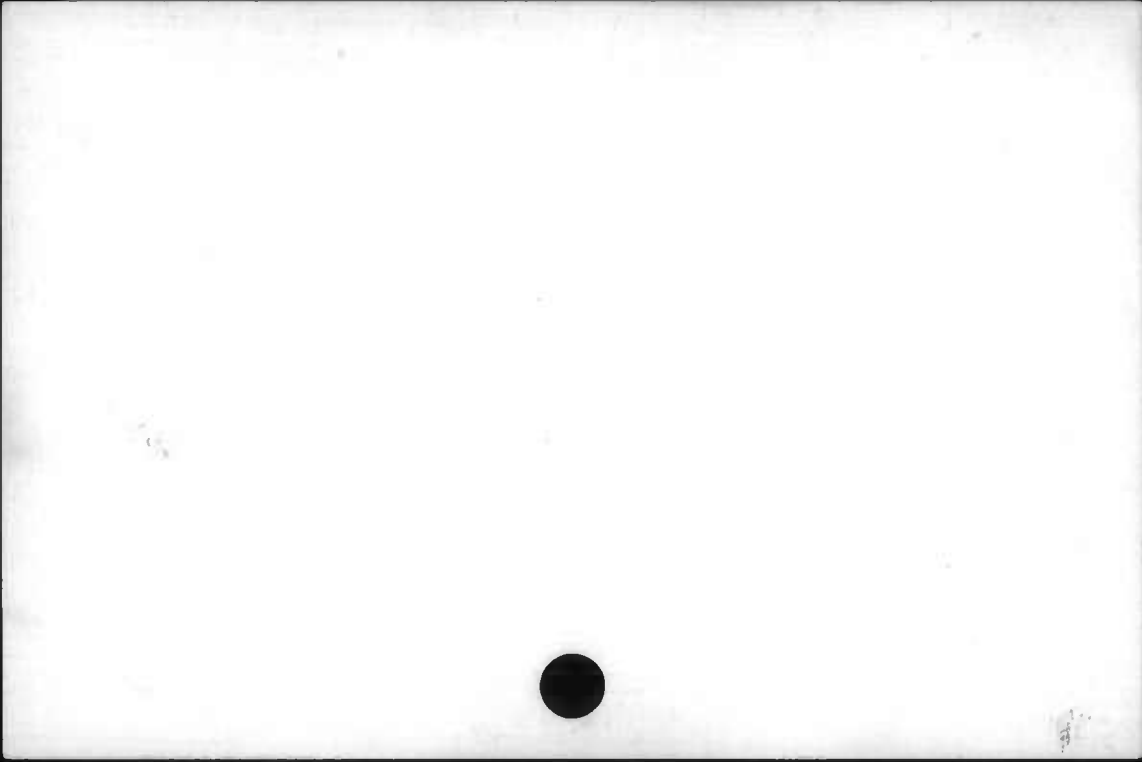
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *J. H. Shriver* Father's Birthplace *Penna*
Mother's Maiden Name *C. J. Stockdale* Mother's Birthplace *Carroll Co Md*
Name of person giving Information *Mrs Martin Beck* How related to deceased *Non*

CAUSES OF DEATH

Primary *Pneumonia* How long *about one week*
Immediate *Cerebrospinal meningitis* How long *48 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W H Campbell*
Address *Crown's Mills. Md*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John T. Sindall</i>		Town <i>Texas</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Texas</i>		Month <i>11</i>		Day <i>20</i>		Years <i>70</i>	
Date of death <i>1909</i>		Age <i>70</i>		Months <i>Unknown</i>		Days <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Gardener</i>		Where Residing if not at place of death <i>Balto. Co. Almhousa</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>John T. Sindall</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Elizabeth Richards</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>House Register</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

106

✓

PHYSICIAN
OR CORONER

Primary	<i>Chronic Enteritis - Senility.</i>	How long	<i>1 month.</i>
Immediate	<i>Coma</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Werner E. Onor M.D.</i>	
		Address <i>Cockeysville</i>	
Accident or Suicide? <i>No</i>		<i>Ind.</i>	

St. Las. am & Louis
Miss Cemetery

Name
in
Full

Philip M Slicer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *White Marsh* ^{Town} *Bucks* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Nov* ^{Day} *1* ^{Years} *76* ^{Months} *1* ^{Days} *6*

Sex *Male* Color or Race *White* Birth-place *Key*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Belle Slicer*

Father's Name *Edward A Slicer* Father's Birthplace *Ind*

Mother's Maiden Name *Delia Ann Hale* Mother's Birthplace *Ind*

Name of person giving information *Annette Slicer* How related to deceased *daughter*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Bright's Disease* ^{How long} *Years*

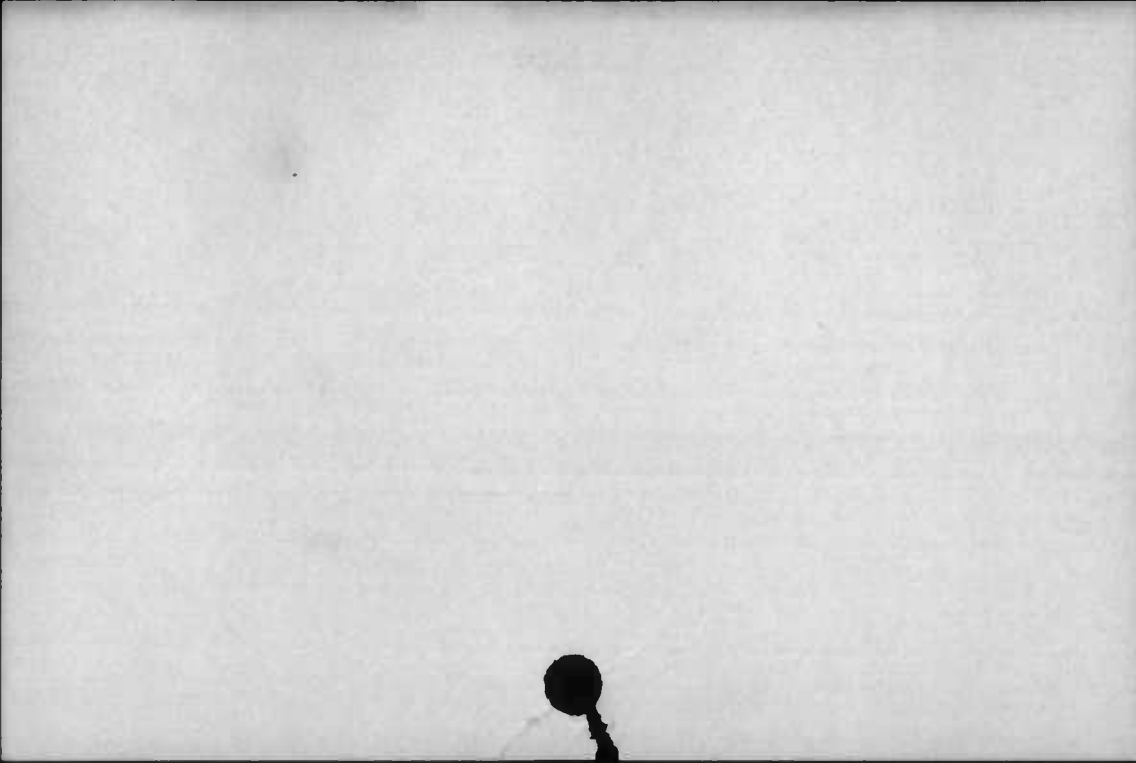
Immediate *Uraemic Coma* ^{How long} *3 days -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Paul W. Harn*

Address *Middle River Ind*

Accident or Suicide? *no*



Name in Full Grover C Swardon		CERTIFICATE OF DEATH	
Died at St Agnes Hospital ^{Town} Baltimore ^{County}		MARYLAND	
Date of death 1909 ^{Month} Nov ^{Day} 22 ^{Years} 17 ^{Months} — ^{Days} 20			
Sex Male Color or Race wh Birth-place Ind			
Occupation Laborer Where Residing if not at place of death 1819 Eagh St. Balt Md			
Married, Single or Widowed Single Name of Wife or Husband —			
Father's Name Grant U Swardon Father's Birthplace A A Co, Ind			
Mother's Maiden Name Katie C Grace Mother's Birthplace Balti Co "			
Name of person giving information Katie C Swardon How related to deceased Mother			
CAUSES OF DEATH		28 ✓	
Primary Tubercular Meningitis How long 8 weeks			
Immediate Asthenia How long 1 week +			
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Allen Graham M.D.	Address St Agnes Hospital	
Accident or Suicide? No.			

Jos B. Cook
1003 W. Balli St.
New Cathedral Cu

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Adella Grace Smith

Died at ^{Town} *Jobuch Mills* ^{County} *Balto Co.*

MARYLAND

Date of death *909* ^{Month} *Nov* ^{Day} *11* ^{Years} *21* ^{Months} *17* ^{Days}

Sex *female* Color or Race *coloud* Birth-place *Balto Co.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Robert H. Smith*

Father's Name *Lafayette Louis* Father's Birthplace *Balto Co.*

Mother's Maiden Name *Rebecca Cox* Mother's Birthplace *Balto City*

Name of person giving information *Rebecca Louis* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *One year*

Immediate *Mitral Insufficiency* How long *Six months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Emma M. Free M.D.*

Address *Stewartstown Pa.*

Accident or Suicide?



Name
in
Full

Catherine Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woodlawn.		County Balto.		MARYLAND	
Date of death		1909	Month Nov	Day 5	Age 79	Months —	Days 13
Sex Female.		Color or Race Wh		Birth- place Germany.			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband Louis Smith			
Father's Name		unknown		Father's Birthplace		Germany	
Mother's Maiden Name		unknown		Mother's Birthplace		Germany	
Name of person giving information		Leather. C. Smith		How related to deceased		Son.	

CAUSES OF DEATH

114

✓

PHYSICIAN
OR CORONER

Primary	Cholera - Enteritis	How long	3 weeks
Immediate	Hypertensive Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. C. Smith	
Address		Woodlawn	
Accident or Suicide?		—	

Mrs. A. Rhode & Son
730 Penna Ave

Irish Lawn Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

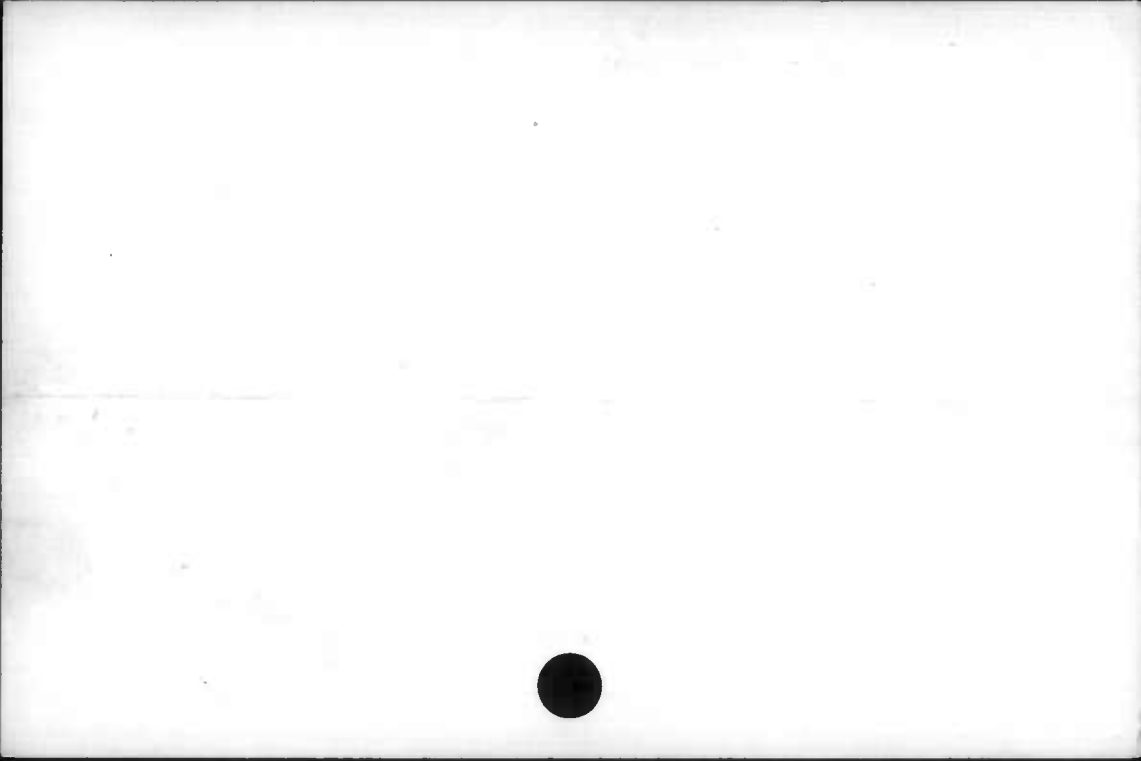
Name in Full John B. Smith		Town Brossville		County Baldw		State MARYLAND	
Died at Brossville		Month Nov		Day 2		Years 87	
Date of death 1904		Month Nov		Day 2		Age 87	
Sex Male		Color or Race White		Birth-place Germany			
Occupation Contractor		Where Residing if not at place of death Baldw city					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Unknown		Father's Birthplace Germany					
Mother's Maiden Name Unknown		Mother's Birthplace German					
Name of person giving Information Herman Shatz		How related to deceased None					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic Heart disease		How long —	
Immediate Organic Heart disease		How long —	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. V. [Signature]	
		Address Brossville, Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		Town <i>Catonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Nov</i>		Day <i>14</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Blair-Miss</i>			
Occupation <i>None</i>		Where Realding if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Walter M. Smith</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Elija Bracka</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving Information <i>Elija Smith</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary
Marasmus

179
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. S. Judas
3325 E. Balto St.

Accident or Suicide

PHYSICIAN
OR CORONER

Holy Rosary Cem.
Hernigson

11/6/09

Name
in
Full

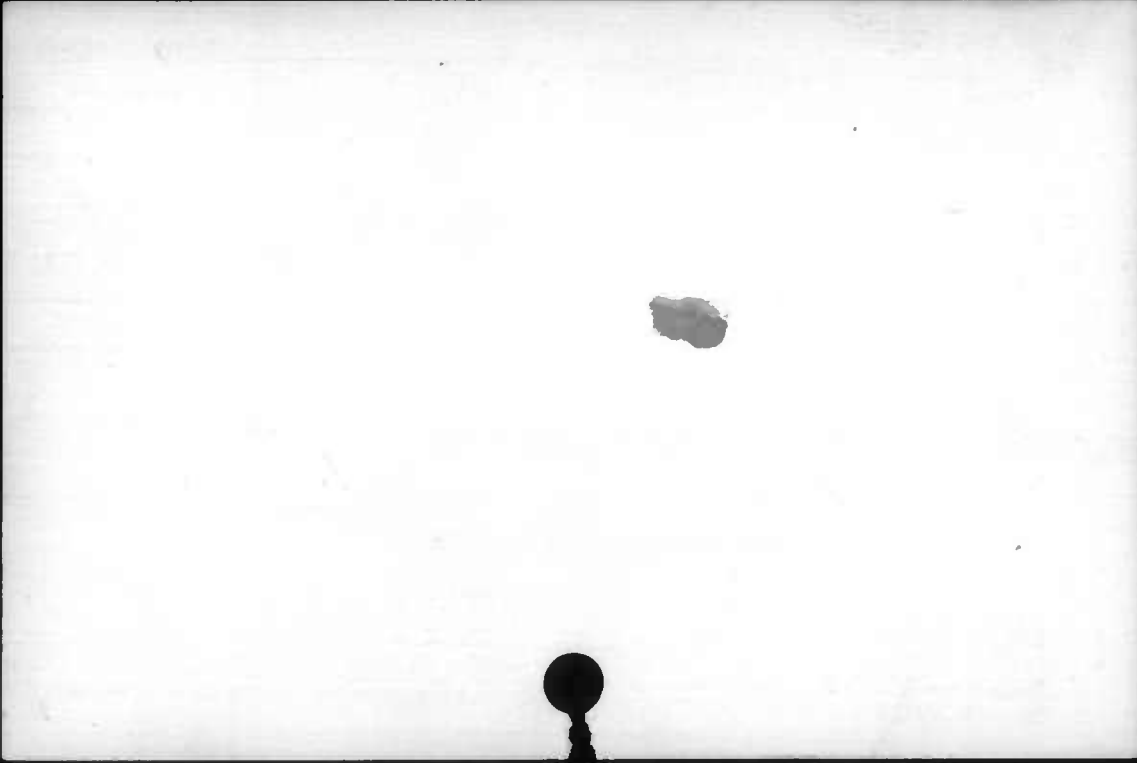
Mrs. Nora D. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Tork ^{County} Balto. MARYLANDDate of death 190 9 ^{Month} Nov. ^{Day} 8 ^{Years} 35 ^{Months} ^{Days} Sex Female Color or Race white Birth-place TorkOccupation Housekeeper Where Residing if not at place of death Married, Single or Widowed Name of Wife or Husband Iris SmithFather's Name George Dilworth Father's Birthplace IrelandMother's Maiden Name Sarah Clayton Mother's Birthplace Balto. CoName of person giving Information J. L. Smith How related to deceased Husband

CAUSES OF DEATH

Primary Dysentery 119 y How long few daysImmediate heart-failure How long at-onceAre the name, age, sex, color, data and place correctly given above? Yes. Signature of Physician J. F. G. SmithAddress Ft. M. MdAccident or Suicide PHYSICIAN
OR CORONER



Name
in
Full

Lawrence Spangler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Banton		County Balto		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	4	59			
Sex		Color or Race		Birth-place			
Male		White		Sermore			
Occupation				Where Residing if not at place of death			
Baker				803 S First St			
Married, Single or Widowed		Name of Wife or Husband					
Widower		Unknown					
Father's Name				Father's Birthplace			
Not Known				Ger			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			
Undertaker				Not			

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary Cause	Cancer, Breast (Epithelioma)	How long	about 5 yrs
Immediate Cause	Exhaustion due to Organ in Breast, acute	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Henry H. Connelly	
		Address	
		114 Highland Road	
		Baltimore, Md	
Accident or Suicide			
No			

Mount Carmel

Nov 6th, 1909

St Nicolaus & Son
1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leatonsville</i> ^{Town}		<i>Polk</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month} <i>Nov</i> ^{Day}	Age	<i>38</i> ^{Years}	Months	Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Tailor</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>unk</i>	Father's Birthplace	<i>unk</i>		
Mother's Maiden Name	<i>unk</i>	Mother's Birthplace	<i>unk</i>		
Name of person giving Information	<i>✓</i>	How related to deceased	<i>✓</i>		

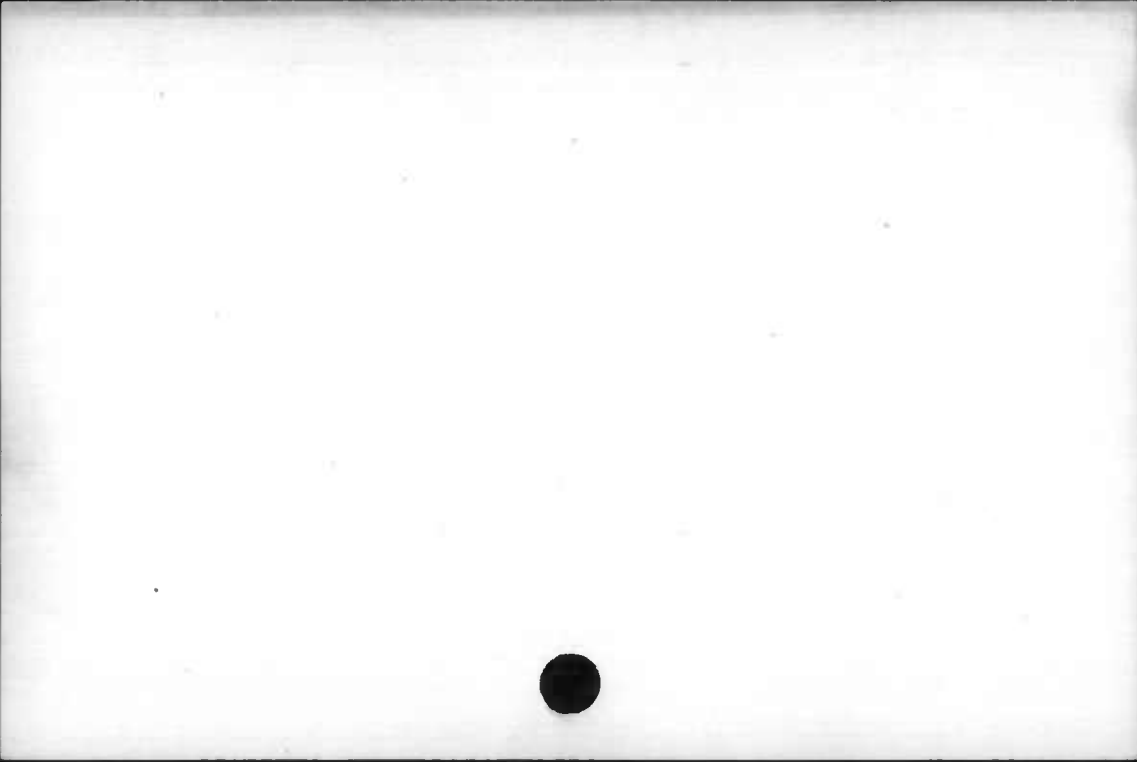
CAUSES OF DEATH

109

✓

PHYSICIAN
OR CORONER

Primary	<i>Terminal Dementia</i>	How long	<i>10 yrs -</i>
Immediate	<i>Peritonitis following Intestinal Perforation.</i>	How long	<i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry Wade</i>
		Address	<i>Leatonsville, Md</i>
Accident or Suicide	<i>No.</i>		



Name
in
Full

Barthina Strickner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Boplar Heights Town Baets County MARYLAND

Date of death 1909 Month Nov. Day 26 Age — Years — Months — Days 12

Sex Female Color or Race Colored Birth-place Md.

Occupation None Where Reiding if not at place of death —

Married, Single or Widowed None Name of Wife or Huabend None

Father's Name John Strickner Father's Birthplace Md. land

Mother's Meiden Nama Barthina Jeffus Mother's Birthplace N. Carolina

Name of person giving Information John Strickner How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions How long 1 1/2 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Dr. F. A. Slantz

Address 3241 Eastern Ave.

Accident or Suicide

Helix B Pys Sr.

Asbury Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Evelyn T. Swift

Died at ^{Town} Lauraville ^{County} Baltimore

MARYLAND

Date of death 1909 ^{Month} Nov. ^{Day} 21 ^{Age} 9 ^{Years} ^{Months} 7 ^{Days} 28Sex Female ^{Color or Race} White ^{Birth-place} BaltimoreOccupation ^{Where Residing if not at place of death} LauravilleMarried, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Wm M. Swift

Father's Birthplace Baltimore

Mother's Maiden Name Carrie S. Turner

Mother's Birthplace Tenn.

Name of person giving information Wm M. Swift

How related to deceased Father

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary vegetative endocarditis

How long Six days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. Geo. M. Simpson

Address

1026 N. Broadway
Baltimore, Md.

Accident or Suicide?

Gurkler & Gurkler
1739 E. Eager St

Mt. Olivet Cemty.

Nov. 24, 1909.

Name
in
Full

Wm T. Trammell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sparrow's pr

County

Baltimore

MARYLAND

Date
of death

1909 Mar. 24

Day

Age

35

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Va

Occupation

Machinist

Where Residing if not
at place of death

Sparrow's pr

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Geo. W. Trammell

Father's
Birthplace

Va

Mother's
Maiden Name

Elizabeth Brown

Mother's
Birthplace

Va

Name of person giving
Information

Mrs. David B. Chambers

How related
to deceased

Sister

CAUSES OF DEATH

56

Primary

Chronic alcoholism

How long

Several months

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

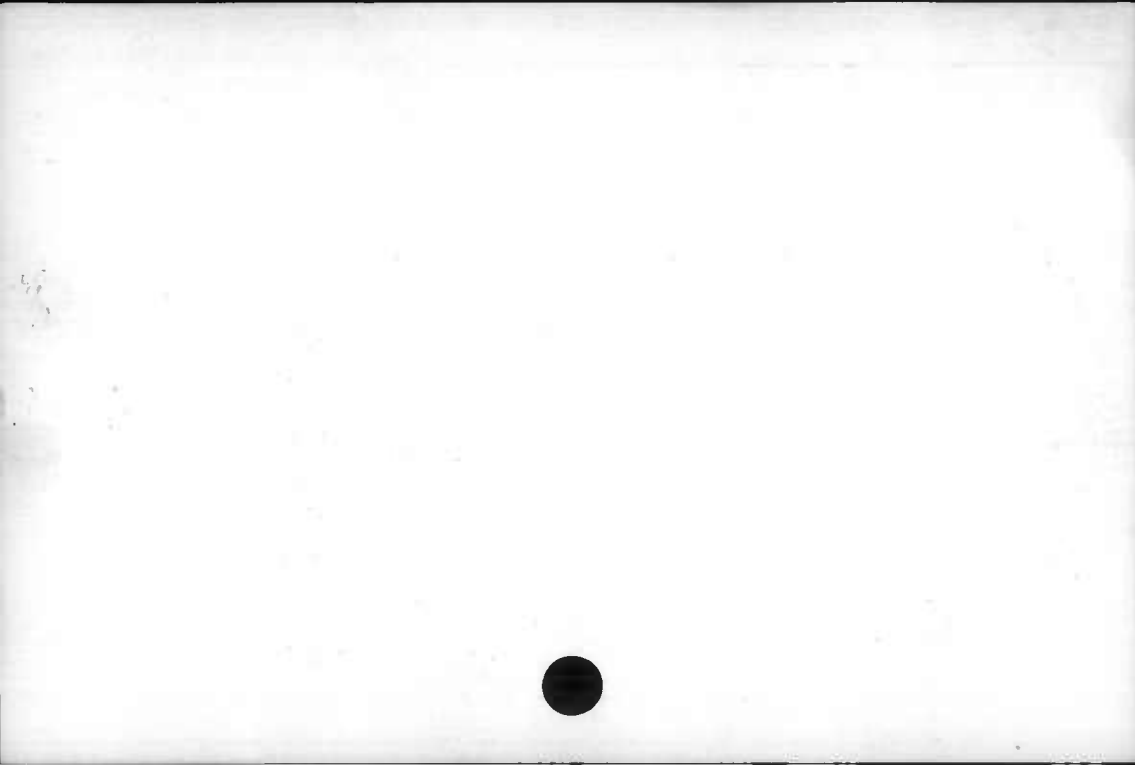
yes

Signature of
Physician

Address

H. C. Peltier
Sparrow's pr
md.

Accident or Suicide



Name
in Full

Infant of Jacob + Sarah Thomas

CERTIFICATE OF DEATH

Died at *Arbington* Town *Baltimore* County MARYLAND
 Date of death: 1909 *Nov.* Month *10* Day Age *—* Years *—* Months *—* Days *few hours*
 Sex *male* Color or Race *colored* Birth-place *Arbington*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*
 Father's Name *Jacob Thomas* Father's Birthplace *Beth A. Md.*
 Mother's Maiden Name *Sarah Brown* Mother's Birthplace *" " "*
 Name of person giving Information *Jacob Thomas* How related to deceased *father*

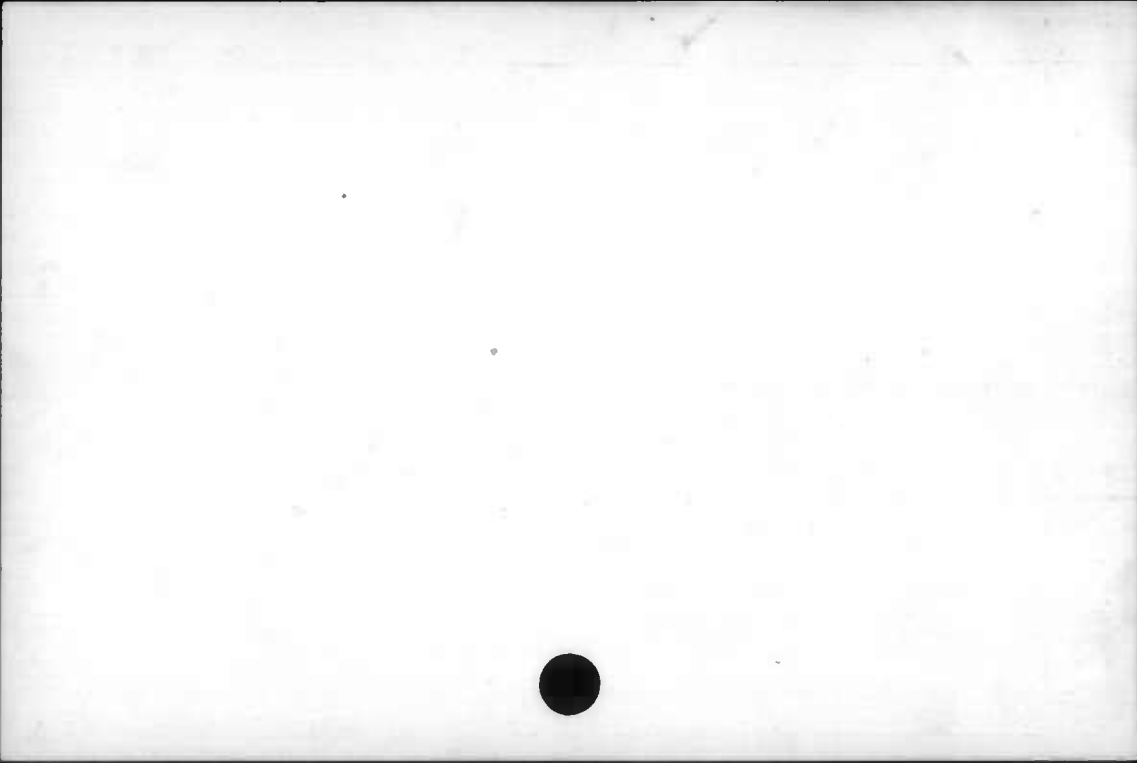
CAUSES OF DEATH

Primary *Premature Birth* How long *6 1/2 months*
 Immediate *Quarantine* How long *few hours*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Henry C. Taylor*
 Address *Pikeville, Md.*
 Accident or Suicide *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Remnard Torsen
 Died at **Sparrow Point** **Baltimore**
 Date of death **1909 Nov. 20th** Age **38**
 Sex **male** Color or Race **white** Birth-place **Norway**
 Occupation **Laborer on dredge** Where Residing if not at place of death **Balts. City**
 Married, Single or Widowed **Unknown** Name of Wife or Husband **unknown**
 Father's Name **unknown** Father's Birthplace **unknown**
 Mother's Maiden Name **unknown** Mother's Birthplace **unknown**
 Name of person giving Information **Capt. Green. (Tug Forbes)** How related to deceased **Employer**

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary **Accidental drowning** How long **—**
 Immediate **—** How long **—**
 Are the name, age, sex, color, date and place correctly given above? **yes**
 Signature of Physician **Henry J. Mueller**
 Address **Canton, Balts. Co. Md.**
 Accident or Suicide **Accident**

Permission is granted to remove
body to *1710 Canton Ave*

JAMES BOSLEY, M. D.,
COMMISSIONER OF HEALTH.

H. B. A.
Per.

Name
in
Full

George P. Trieschmann
Alberton Town Balto. County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1909 Nov. 7 Age 44
Month Day Years Months Days

Sex Male Color or Race White Birthplace Maryland

Occupation Painter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Kachler

Father's Name Henry Trieschmann Father's Birthplace Germany

Mother's Maiden Name not known Mother's Birthplace not known

Name of person giving Information Mary K Trieschmann How related to deceased Wife

CAUSES OF DEATH

Primary Chronic Bronchitis - Asthma How long 20 years

Immediate Broncho pneumonia, Cardiac Asthma How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

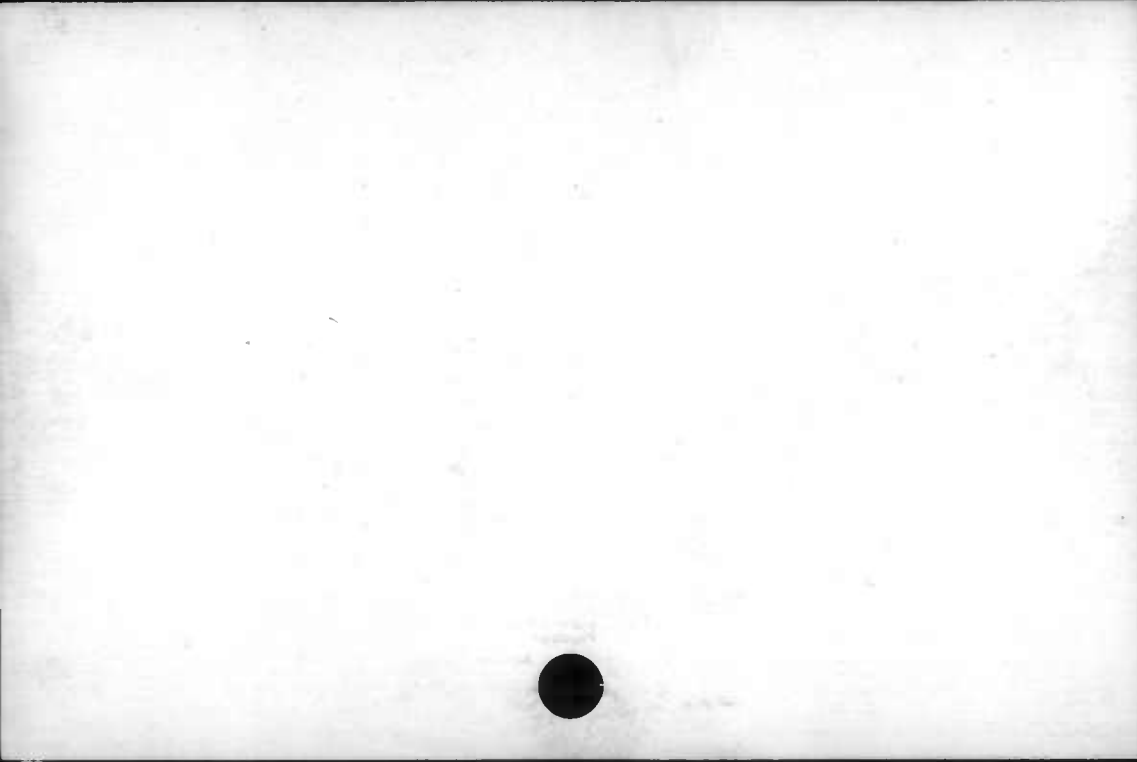
Address

Wm B Gambrell
Ellicott City, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Ida Valke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *253 East Ave* Town *Baltimore Co* County
Date of death *1909 Nov. 18* Age *10* Years Months Days
Sex *Female* Color or Race *White* Birth-place *253 East Ave*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband *Ida and Arthur Valke*

Father's Name *Arthur Valke* Father's Birthplace *Germany*

Mother's Maiden Name *Ida Reiman* Mother's Birthplace *Baltimore Md*

Name of person giving information *Mrs Valke* How related to deceased *mother*

CAUSES OF DEATH

71

Primary *Convulsions & Weak Heart* How long *8 days*

Immediate *congestion* How long *few hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. W. Denny M.D.*
Address *3502 1/2 Park St.*

Accident or Suicide?

PHYSICIAN
OR CORONER

J. B. Schuch & Son
3415 E. Baltimore

int. in Baltimore cemetery

date: Nov. 19, 1909

Name
in
Full

Solomon Welton

CERTIFICATE OF DEATH

Died at <i>Garrows</i>		Town <i>Garrows</i>		County <i>Balto</i>		MARYLAND	
Date of death	1909	Month	Nov.	Day	3	Age	62
Sex	male		Color or Race	white		Birth-place	Petersburg, W. Va.
Occupation	Trucker		Where Residing if not at place of death		Wood Lawn		
Married, Single or Widowed	married		Name of Wife or Husband		Minnie Welton		
Father's Name	Simon Welton		Father's Birthplace		Petersburg W. Va.		
Mother's Maiden Name	Elizabeth Hutton		Mother's Birthplace		Petersburg W. Va.		
Name of person giving Information	W. A. Smith		How related to deceased		Brother in Law		

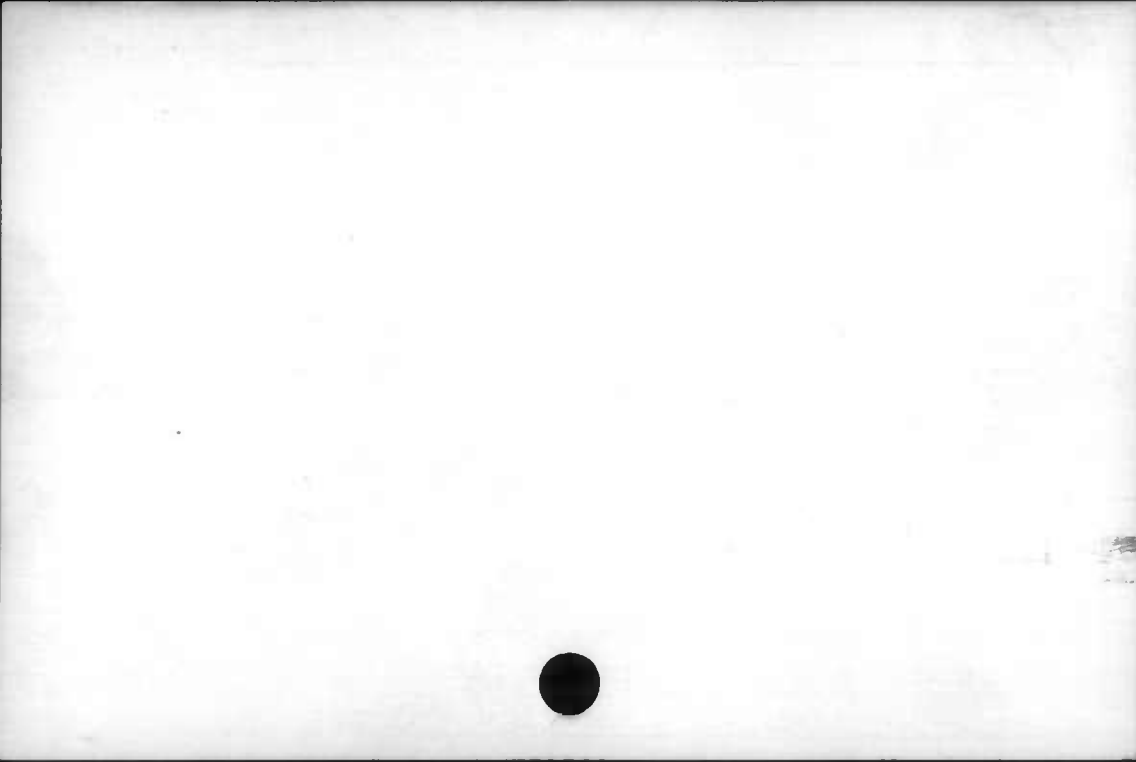
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

64

Primary	Supposed Apoplexy	How long	2 hours
Immediate	Supposed Apoplexy	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. B. Blair (Coroner)	
Address		Garrows Point	
Accident or Suicide		no	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret T. Wienhold

Died at Sparrows Point Baltimore

MARYLAND

Date of death 1909 Nov. 30 Age 1 Months 8 Days 14

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John S. Wienhold

Father's Birthplace Maryland

Mother's Maiden Name Annie J. Dorhauser

Mother's Birthplace Maryland

Name of person giving Information Annie J. Wienhold

How related to deceased Mother

CAUSES OF DEATH

Primary Double Pneumonia

How long 4 days

Immediate Exhaustion

How long 1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. J. McCormick M.D.

Address

Sparrows Point
Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER

Sacred Heart Sem

Dec. 2/10.9

H. Sander & Sons

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Vesta C. Wilkinson*
Town *Soranton* County *Balto*Died at *Soranton*
Date of death *1909* Month *Nov* Day *29* Age *—* Years *—* Months *6* Days *—*Sex *Female* Color or Race *White* Birth-place *Balto Co.*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *~~Jane Thompson~~ *Wilkinson**Father's Name *Jno. J. C. Wilkinson* Father's Birthplace *Balto City*Mother's Maiden Name *Augusta Schumacher* Mother's Birthplace *Baltimore, Md.*Name of person giving information *Augusta Wilkinson* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Meningitis* How long *10 days*
Immediate *Convulsion* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. W. Fair*
Address *12 E. 25 St.*

Accident or Suicide?

E. A. Widefeld Jr
2113 Greenmount Ave.

Intermount Greenmount
Connecting Balt. City.

Name
in
Full

Alex Williams

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lowson

Baltimore

Date

Month

Day

Years

Months

Days

of death

1909

Nov.

23

Age

73

Sex

Male

Color or
Race

Cul

Birth-
place

Md.

Occupation

Hostler

Where Residing if not
at place of death

Lowson

~~Married, Single~~
or WidowedName of Wife or
Husband

Ellen Dorsey

Father's
Name

Dont River

Father's
Birthplace

Dont River

Mother's
Maiden Name

J. Farnest Williams

Mother's
Birthplace

Md.

Name of person giving
Information

Lizzie Williams

How related
to deceased

Daughter-in-law

CAUSES OF DEATH

154

Primary

General Debility

How long

10 Months

Immediate

Cardiac Asthma

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Royston Brown &
Lowson Md.~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

undertakes
Robert-A Ellwilt
Ballo und
Sandy Bottom
Bemetry

Name
in
Full

Margaretta Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Warren</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>3</i>	Years <i>16</i>	Months <i>10</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Warren</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James Williams</i>			Father's Birthplace <i>Warren</i>		
Mother's Maiden Name <i>Sola Williams</i>			Mother's Birthplace <i>Warren</i>		
Name of person giving information <i>Sola Williams</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Inflammatory Rheumatism</i>	How long	<i>8 months</i>
Immediate	<i>Endocarditis</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wilmer C. Owsen</i>	
		Address <i>Cockeyville Md.</i>	
Accident or Suicide? <i>No</i>			

Internment at Populau
Friday Oct 5-10

M. C. Brooks

Name
in
Full

Colonel S. Yr. Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Covington** ^{Town} **Balto** ^{County} **MARYLAND**

Date of death **1909** ^{Month} **11th** ^{Day} **5th** Age **40 yrs** ^{Years} **1** ^{Months} **20** ^{Days}

Sex **Male** Color or Race **White** Birth-place **Ohio**

Occupation **Architect** Where Residing if not at place of death **Gorantown**

~~Married~~ Single **Single** Name of Wife or Husband _____

Father's Name **Piatt Williamson** Father's Birthplace **Mi**

Mother's Maiden Name **Bessie W. Allen** Mother's Birthplace **Ohio**

Name of person giving Information **Bessie Williamson** How related to deceased **Mother**

CAUSES OF DEATH

Primary **Pulmonary Tuberculosis.** **27** ^{How long} **17 months**

Immediate **Hemorrhage.** ^{How long} **Immediate.**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **H. C. Hessel**

Address **Groans, Md.**

Accident or Suicide **Neither**

PHYSICIAN
OR CORONER

Greenmoor

Nov 7/909

New York

502 E 7th St

Annual Nov 7

Radnor Avenue

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth A. Wilson

Town *near Rayville* County *Balto.* MARYLAND

Died at *near Rayville Balto.*

Date of death 190 *9* Month *11* Day *15* Age *77* Years Months *2* Days *16*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *---*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Daniel S. Wilson*

Father's Name *Samuel Shaver* Father's Birthplace *Md*

Mother's Maiden Name *Lydia Sanble* Mother's Birthplace *Md*

Name of person giving Information *Frank Wilson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Catarrhal Bronchitis* How long *Two years*

Immediate *Lobular Pneumonia* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. H. Heyde, M.D.* Address *Partlow Md.*

Accident or Suicide *7*



Name
in
Full

Laura Viola Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Wmms</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1909	Month	Nov.	Day	15
Age	16	Years	4	Months	28
Sex	female	Color or Race	white	Birthplace	Mt Wmms
Occupation	School girl.	Where Residing if not at place of death <u>Mt Wmms</u>			
Married, Single or Widowed	Single	Name of Wife or Husband <u>girl</u>			
Father's Name	J. Westly Wilson	Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name	Laura M. Reese	Mother's Birthplace <u>Mt Wmms</u>			
Name of person giving information	Laura M. Wilson	How related to deceased <u>mother.</u>			

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

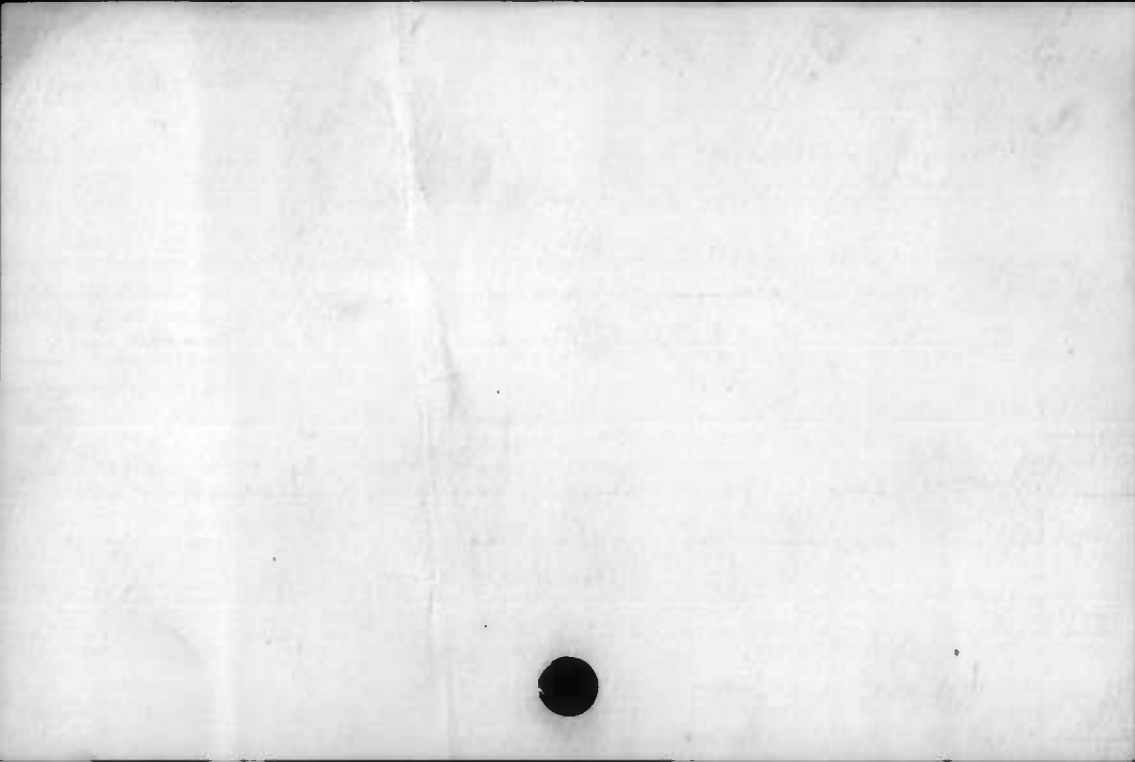
Primary	General Tuberculosis	How long	6 months.
Immediate	nervous exhaustion	How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	<u>R. E. Gamm</u>
		Address	<u>Mt Wmms</u>
			<u>md.</u>
Accident or Suicide?			

Loudon Park -

Thurs at 2 Pm

Wm J. Fitchner & Sons -

Name in Full		Robert Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Texas		Balto. Co.		MARYLAND	
	Date of death	1909	11	1	Age 5	Months	Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death	Same		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Henry Wilson				Father's Birthplace	Balto. Co. Md
	Mother's Maiden Name	Mary Purviance				Mother's Birthplace	Balto. Co. Md
Name of person giving information	Dr. T. B. Bussery				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enteritis				How long	3 days
	Immediate	Peritonitis				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. T. B. Bussery		
				Address	Texas		
	Accident or Suicide?				Md		



Name
in
Full

CERTIFICATE OF DEATH

Veronica Winterling

Town

County

MARYLAND

Died at Highlandtown Balto Co.

Date

of death

1909 Nov

Month

Day

Age

Years

Months

Days

12th 84

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing ~~Home~~
at place of death

23 N. Clinton St

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Sebastian Winterling

Father's
Name

Johannas Goldbach

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbara Goldschmidt

Mother's
Birthplace

.. ..

Name of person giving
information

Matilda Schuck

How related
to decedent

Daughter

CAUSES OF DEATH

154

Primary

Cerebral Degeneration

How long

3 years

Immediate

Heart Failure

How long

24 Hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. Schlieden

Address

3314 E. Baltimore St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Tilly and Zeiler, —

~~St. A~~ Holy Redeemer Cem.
Nov. 15 / 1909.

Name
in
Full

CERTIFICATE OF DEATH

Harry Lee Wise

Town

County

MARYLAND

Died at

Haglandtown

Balto.

Date

of death

1909

Month

Nov

Day

27th

Age

Years

—

Months

2

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing if not
at place of death

3500 Canton ave

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John E. Wise

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Katie Troeblich

Mother's
Birthplace

" "

Name of person giving
Information

John E. Wise

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

151

Immediate

How long

Coroner

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. J. Luddy, M.D.

Address

332 3rd Balto

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Schwartz's.

Trinity Cemetery

Nov. 29th 1909

Lilly and Zeiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David A. Woodward

Town

County

MARYLAND

Died at Relay

Barto

Date

Month

Day

Years

Months

Days

of death 1909 Nov

29

Age 86

2

13

Sex

male

Color or
Race

white

Birth-
place

Phila. Pa.

Occupation

artist

Where Residing if not
at place of death

Relay

Married, Single
or Widowed

widower

Name of Wife or
Husband

Josephine L. Woodward

Father's
Name

Wm H Woodward

Father's
Birthplace

Pa.

Mother's
Maiden Name

Elizabeth Young

Mother's
Birthplace

Ohio

Name of person giving
information

Wm. H. Woodward

How related
to deceased

S. O. N.

CAUSES OF DEATH

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Primary

Age

How long

Several

Immediate

Gene. debility

How long

Years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. R. Eganekran

Address

Elbridge

Accident or Suicide?

7

E. M. Mitchell
1201 W. Fayette St.
For Lieutenant at
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		State	
Died at		Highland		Balto		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Nov	9th	Age about 35			
Sex	Male	Color or Race	White	Birth-place	Unknown		
Occupation	Unknown		Where Residing if not at place of death		Unknown		
Married, Single or Widowed	Unknown		Name of Wife or Husband		Unknown		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Crushed skull by falling		How long	
Immediate	Unknown by R. H. Tracy		How long	Coroner
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. D. Dicks M.D.	
		Address	3323 E. Balto St	
Accident or Suicide				

St Mathews Cemetery

J Henryson Son

(34) 11/9/09